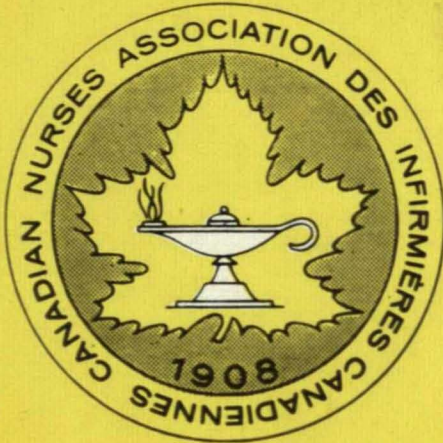


the

Canadian Nurse



VOLUME 60

MONTREAL

NUMBER 8

AUGUST 1964

TEAM APPROACH TO INDUSTRIAL
SAFETY

KEYNOTE ADDRESS

KALEIDOSCOPIC VIEW OF MENTAL
ILLNESS

OWNED AND PUBLISHED BY

THE CANADIAN NURSES' ASSOCIATION



this urinary drainage tube has "amnesia"

Thanks to a specially formulated plastic material, B-D Urinary Drainage Tubes lose all memory of ever having been coiled as soon as they're removed from their packages. This new soft formulation virtually eliminates twisting, turning, and kinking common to other plastic urinary drainage tubes.

Result: Greatly increased patient comfort. For the drape of rubber, with the clarity of plastic, this soft formulation is also used on all B-D Connecting Tubes. This urinary drainage tube is only one of many B-D Hospital Tubing Sets—a complete line is at your service. Write for information, or ask your B-D representative.



BECTON, DICKINSON & CO., CANADA, LTD., CLARKSON, ONTARIO

a B-D  product

TUB AND DISCARDIT ARE TRADEMARKS

100961

I want style - I need comfort -

I BUY CLINICS

(naturally!)

THE
CLINIC

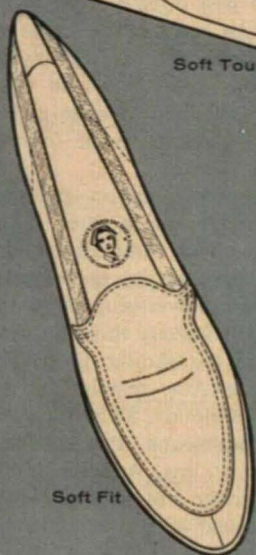
REG. U.S. PAT. OFF. and CANADA

SHOE

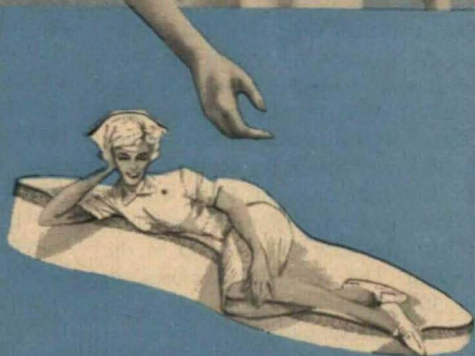
MADE IN U.S.A.



Soft Touch



Soft Fit



And I'm really sold on these smart-looking new featherweight Clinics! Both have Clinic's comfy cushion in-sole that cradles any arch ...follows every contour of your foot, curve for curve. You just can't beat these Clinic beauties for blissful comfort and sleek, young styling.

AMERICA'S NUMBER ONE SHOE FOR
YOUNG WOMEN IN WHITE... sizes 3½-
12. AAAA-E 14.95 to 18.95

For a complimentary pair of white shoelaces,
folder showing all the smart Clinic styles, and
list of stores selling them, write:

THE CLINIC SHOEMAKERS - Dept. CN-8, 1221, Locust St. • St. Louis, Mo. 63103

Between Ourselves

The first of the convention addresses — the Keynote Address on "Courage" by Mlle Alice Clamageran — opens the editorial section of this issue.

Since her election as president of the International Council of Nurses in 1961, Mlle Clamageran has visited a considerable number of member countries, has attended score of meetings, has met with hundreds upon hundreds of nurses. She was a very welcome visitor at the convention in St. John's.

A graduate of the Red Cross School for Nurses of Rouen, France, with a diploma in public health administration from Bedford College, University of London, Mlle Clamageran is director of the school of nursing at the Rouen General Hospital. Following the convention she enjoyed a brief vacation in Quebec, including a visit with her brother who resides in Quebec City.

* * *

Announcement of the fact that the page size of our Journal is to be changed next January was made on page 574 of the June, 1964 issue. At a recent meeting of the Journal Board, it was decided to sponsor a competition that is open to any person, nurse or lay person, who may have ideas regarding a suitable cover design for the new sized magazine. The first prize of \$100 will be paid for the winning design. Consolation prizes of \$50 and \$25 will be paid to the two-runners-up. The competition closes on September 30, 1964.

Perhaps you personally are about as skillful in developing an artistic presentation as your editor is. If that is your problem, enlist the assistance of your artist friends in interpreting your ideas. If no entries are received or no design is submitted that seems to the judges to be worthy of a professional journal of the calibre of *The Canadian Nurse*, the Journal Board reserves the right to retain the present cover design. Address your entries to:

**Cover Competition,
The Canadian Nurse,
1522 Sherbrooke Street West,
Montreal 25, Quebec.**

Please use care in packaging any submissions so that they are not mutilated in reaching us.

* * *

Another effect of the change in format will be to alter the amount of space in different sizes of advertisements. This will be of particular importance to the many hospitals and public health organizations that use display advertisements to make their staff needs known. Our present page size is 5" by 8" or 40 square inches. The new size will be 7" by 10" or 70 square inches.

Thus, what constitutes a "quarter page ad." will be very different from what it is now.

A new schedule of space rates for these display advertisements has been approved by the Journal Board. Models of the various spaces that will be available are being sent to all organizations that have used our pages in the past three or four years. Since the new space rates will become effective with the January 1965 issues, any potential user of display space who will not receive the releases is invited to write us for them. Address such requests to the *Journal* office in Montreal.

The editorial content in the new sized magazine will appear in three columns instead of two. This three-column page will also be carried over to the classified line advertisements. Advertising copy that now occupies approximately three lines will likely fill six of the shorter lines. The basic price will therefore remain the same — Canada and Bermuda, \$7.50 for six lines or less; United States and other foreign, \$10.00 for six lines or less. Additional lines over the basic number will be charged at \$1.00 each for Canadian advertisements, \$2.00 each for American.

As in walking you take care not to tread upon a nail, or turn your foot, so likewise take care not to hurt the ruling faculty of your mind. And if we were to guard against this in every action, we should enter upon action more safely.

— EPICTETUS



THE CANADIAN NURSE

August 1964, Vol. 60, No. 8

- 737 COURAGE *A. Clamageran*
- 741 SUBMISSION ON AGING
- 745 INDUSTRIAL NURSING *M. M. Wheeler*
- 747 SAFETY IN INDUSTRY *R. T. G. Milne and J. P. Ferguson*
- 749 THE NURSE IN INDUSTRY *L. Roche*
- 751 PRINCIPLES OF PHYSIOTHERAPY *J. H. Cecilia*
- 755 A KALEIDOSCOPIC GLANCE AT MENTAL ILLNESS *C. Laurin*
- 762 NURSE-PATIENT RELATIONSHIPS *L. Madland*
- 768 A VISIT TO THE MIDDLE EAST *J. Ferguson*
- 774 THE CHRISTIAN NURSE'S ROLE *M. E. Schumacher*

*The views expressed in the various articles are the views of the authors and
do not necessarily represent the policy or views of
THE CANADIAN NURSE nor of the Canadian Nurses' Association.*

- | | |
|-------------------------------|-------------------------------|
| 722 BETWEEN OURSELVES | 773 IN A CAPSULE |
| 726 PHARMACEUTICALS AND OTHER | 776 ABOUT BOOKS |
| 766 THE WORLD OF NURSING | 779 EMPLOYMENT OPPORTUNITIES |
| 770 NURSING PROFILES | 812 EDUCATIONAL OPPORTUNITIES |
| 771 IN MEMORIAM | 816 INDEX TO ADVERTISERS |

Journal Board: Miss Alice Girard, Chairman; Misses M. Cameron, M. Lewis, G. Charbonneau, H. McArthur, M. Richmond, S. Alcoe, Mrs. I. MacLeod, Sr. D. Lefebvre, Miss E. A. E. MacLennan, president CNA; Misses H. Mussallem, M. E. Kerr.

Editorial Advisors: **Alberta**, Miss Jean Cummins, 1305 Montreal Ave., Calgary; **British Columbia**, Miss Marion Macdonell, 1807 West 36th Ave., Vancouver 13; **Manitoba**, Miss Sheila L. Nixon, 31-105 Roslyn Road, Winnipeg 13; **New Brunswick**, Miss Anna Christie, 231 Saunders St., Fredericton; **Newfoundland**, Miss Ruby Harnett, 59 Bennett Ave., St. John's; **Nova Scotia**, Mrs. Hope Mack, Nova Scotia Sanatorium, Kentville; **Ontario**, RNAO, 33 Price St., Toronto; **Prince Edward Island**, Miss Ida MacKay, Dept. of Health, Dominion Bldg., Charlottetown; **Quebec**, Sr. M. Elaine, St. Mary's Hospital, Montreal (English); Sr. Sainte-Barbe, Hôtel Dieu Hospital, Quebec City (French); **Saskatchewan**, Miss Victoria Antonini, SRNA, 2066 Retallack St., Regina.

Executive Director and Editor: Margaret E. Kerr, M.A., R.N.

Associate Editor: Jean E. MacGregor, B.N., R.N.

Assistant Editor (English): Virginia A. Lindabury, B.Sc.N., R.N.

Assistant Editor (French): Claire Bigué, B.Sc., Ed. Inf., I.L.

Circulation Manager: **Winnifred MacLean**

Subscription Rates: Canada and Bermuda: 6 months, \$2.25; one year, \$4.00; two years, \$7.

Student nurses — one year, \$3.00; two years, \$5.00; three years, \$7.00.

U.S.A. and Foreign: one year, \$4.50; two years, \$8.00.

Single copies: 50 cents each.

For the subscribers in Canada, in combination with the
American Journal of Nursing or *Nursing Outlook*: 1 year, \$10.00.

Make cheques or money orders payable to The Canadian Nurse.

Change of address: Four weeks' notice and the old address as well as the new are necessary.

Not responsible for journals lost in mail due to errors in address.

Authorized as Second-Class Mail by the Post Office Department, Ottawa, and for payment of postage in cash. Postpaid in Montreal.

RETURN POSTAGE GUARANTEED

1522 Sherbrooke Street West, Montreal 25, Quebec

**HOW DAVIS & GECK
SUTURE PRODUCTS
CAN HELP RAISE THE
EFFICIENCY OF THE
NURSING TEAM**

Fast, convenient dispensing. All Davis & Geck sutures and suture-needle combinations are supplied ready for immediate use, individually packaged in dry, presterilized plastic envelopes—transparent and double-labelled for easy identification of contents.

Maximum ease of handling. Surgeons appreciate Davis & Geck sutures for their excellent handling and performance characteristics, assured by meticulous care in processing during every phase of manufacture. You will find that the nursing team can function more efficiently with suture materials from the broad line of Davis & Geck suture products.

SP Service Program. This Davis & Geck service completely eliminates the time, expense and potential hazards involved in cold resterilization of unused suture packages. Davis & Geck assumes all responsibility for repackaging and resterilizing left-over suture packages . . . saving many nurse-days each month and providing significant new savings in operating room management.

DAVIS & GECK / **CYANAMID OF CANADA LIMITED**
PRODUCTS DEPARTMENT /  Montreal, Quebec

Pharmaceuticals

and other products

GYNOCORT VAGINAL SUPPOSITORIES (NORDIC BIOCHEMICALS)

Indications—In the treatment of vaginal pruritus and inflammation due to fungal and bacterial infections.

Description—The suppository combines hydrocortisone with a new antifungal and antiseptic composition.

Administration—One suppository b.i.d.

LARGACTIL SPANSULE (POULENC, SMITH KLINE & FRENCH)

Indications—All cases where other oral forms of Largactil have proved valuable: psychiatric conditions; acute or chronic alcoholism; somatic conditions complicated by emotional stress; nausea, vomiting and hiccup; intractable pain.

Description—Each "Spansule" capsule contains hundreds of minute pellets coated with varying thicknesses of a digestible substance. A portion of these pellets releases medication promptly to produce a rapid therapeutic effect. The remaining medication, released gradually and without interruption, sustains the therapeutic effect for 10-12 hrs.

Administration—1 'Spansule' capsule 30 mg. replaces 1 Largactil tab. 10 mg. t.i.d.; 1 'Spansule' capsule 75 mg. replaces 1 Largactil tab. 25 mg. t.i.d.; 1 'Spansule' capsule 150 mg. replaces 1 Largactil tab. 50 mg. t.i.d.

PRELUTAL (BOEHRINGER INGELHEIM)

Indications—In obesity, for the treatment of the compulsive eater, or any patient manifesting the food withdrawal syndrome (insomnia, irritability, headache and gastric distress).

Description—Prelutal is a combination of Preludin, an effective anorexigenic agent, and promazine, a therapeutically proven tranquilizer. This combination provides effective anorexia and, at the same time, assures cooperation by allaying anxiety and decreasing distressing somatic symptoms.

Prelutal should be used with caution in the presence of severe hypertension or advanced cardiovascular diseases.

Administration—Tab. 1 10:00 a.m. and 4 p.m. For the "night eater," 1 additional tablet at 9:00 p.m.

PROSTAPHLIN FOR ORAL SOLUTION (BRISTOL)

Indications—For treatment of pediatric infections due to penicillin G resistant staphylococci.

Administration Mild to moderately severe infections: 50 mg./Kg. per day in 4 divided doses; severe infections: 100mg./Kg. per day or greater is recommended.

SANI-SET (RESIFLEX)

Description—A one-package, one-patient personal utility set including wash basin, emesis basin, soap dish and tumbler. The time-consuming procedures of unit handling, sterilization and transport to and from nursing units are minimized. Entire set is permanently sanitized (R) for hygienic and antiseptic cleanliness with an invisible bacterial barrier that resists infection and odor causes. Items are noise-free when handled or accidentally dropped.

SINEDOL CAPSULES (FROSST)

Indications—For the relief of pain, as in lumbago, sciatica, headache, dysmenorrhea, and following trauma or operative procedures.

Description—Each pink capsule contains: acetylsalicylic acid 225 mg., phenacetin 160 mg., caffeine 32 mg., d-Propoxyphene HCl U.S.P. 65 mg. Unlike codeine, dextro propoxyphene has no antitussive activity.

Administration—Adults: capsule t.i.d. or q.i.d.

V-CILLIN K PEDIPACS (LILLY)

Indications—In infections known to respond to oral penicillin therapy. May also be used for most infections formerly treated with parenteral penicillin.

Description—Silver foil-wrapped individual-dose packets for convenient administration. Each packet contains Phenoxymethyl Penicillin, 125 mg. (200,000 I.U.), as the potassium salt. There is no unpleasant antibiotic taste or after-taste.

Administration—In mild and moderately severe infections, one Pedipac (125 mg.) q.4-6 h.; in severe infections, two Pedipacs (250 mg.) q.6 h. Contents should be taken either dry or stirred into a small quantity of liquid.

The Journal presents pharmaceuticals for information. Nurses understand that only a physician may prescribe.



Help Prevent "LIGHTS OUT" RESTLESSNESS

with medicated
dermassage*
skin refreshant and body rub

On every ward, when you turn out the lights, some one wakes up . . . and wakefulness thrives on minor irritations. Skin discomfort, particularly, can disturb your patients during the nighttime hours. But as nurses in thousands of hospitals know, a body rub with Dermassage may add that one welcome touch of relaxation which tips the balance in favor of rest and sleep.

Dermassage comforts, cools and soothes tender, sheet-burned skin. It relieves dryness, cracking and itching and helps prevent painful bed sores.

You will like Dermassage for other reasons, too. A body rub with it saves your time and energy. Massage is gentle, smooth and fast. You needn't follow-up with talcum and there is no greasiness to clean away. It won't stain or soil linens or bed-clothes. You can easily make friends with Dermassage—send for a sample!

"SEE IF YOUR HANDS DON'T TELL YOU THE DIFFERENCE"

*Now distributed in Canada by LAKESIDE LABORATORIES (CANADA) LTD.
1875 Leslie Street, Don Mills, Ontario*

*trademark

NURSE...



**What can
I take for
heartburn
or acid
indigestion?**

The answer—TUMS! These mild, minty tablets are so practical to recommend because they're fast acting, long lasting and safe—made of the finest antacid ingredients. They're economical too—only a few cents buys enough for several doses. And they leave no aftertaste—no water or glass needed.



for the tummy

Gentle, Long-lasting RELIEF

for Dry, Itching Skin

(common torment of older folks)

Rich in lanolin, Resinol Ointment lubricates oil-thirsty skin as the Resinol medicants, well known to doctors, relieve itching. Thus it is invaluable for older folks suffering from persistent itching and irritation due to loss of natural skin oil.

Besides its special help to aged skin sufferers, Resinol quickly soothes discomfort of chafing, chapping, dry eczema, minor burns, simple rash . . .

To gently cleanse tender skin, use pure, lightly medicated Resinol Soap.

May we send you a convincing sample of each? Write to Resinol, CNJ-51, Baltimore 1, Md.

RESINOL OINTMENT
AND SOAP

Family Relationships

In a study just published, *The Family in Canada*, Professor Frederick Elkin, Associate Professor of Sociology at the University of Montreal, says that the generations of today — grandparents, parents, children or adolescents — are quite far apart in activities and manner of thought.

The study, commissioned by the Canadian Conference on the Family, is the first attempt to organize and coordinate existing information on the family in Canada. It runs to 70,000 words, deals in part with the style of Canadian family life, the family roles and relationships, the rural family, ethnic groups, delinquency and the state of family research in Canada.

This book is available in French or English at \$2.00 a copy from: The Canadian Conference on the Family, 55 Parkdale, Ottawa 3, Ont.

* * *

O.R. Conference

The Operating Room Nurses Group of Quebec will hold their fifth annual conference November 17, 18, and 19, 1964 at the Town and Country Motel, Cote de Liesse Road, Montreal.

For further information, contact Miss Mary M. Taylor, The Montreal Children's Hospital, 2300 Tupper Street, Montreal, Quebec.

* * *

Successful Student Project

The National Student Nurses' Association of the United States of America announces that ground was broken for a 50-bed dormitory for nursing students at the National Defense Medical Center in Taipei, Taiwan. American nursing students have raised over \$34,000 to build the dormitory, named for NSNA, and to provide equipment, furnishings, and educational material.

The modern, three-story building is the culmination of the first nationwide philanthropic project undertaken by the over 70,000 members of the 11-year-old NSNA. A first-hand report of the cramped, barrack-like facilities which housed the Taiwan students, by 1960-1961 president, Mary Denesaites, moved the U.S. students to set a goal of "a million Taiwan dollars" (\$25,000 U.S.) for a new dormitory. Ingenious fund-raising projects in 45 areas, contributions from individuals and Future Nurses Clubs, resulted in NSNA raising \$9,000 over the goal.

Film Listings

The following films may be borrowed on a service charge basis from: Canadian Film Institute, 1762 Carling Avenue, Ottawa 13, Ontario. Each film is in black and white, 30 minutes in length.

1. *Mendel's Experiments*: A discussion of the historical background and significance of Mendel's work, outlining the concepts he developed.

2. *Many Pairs of Genes*: A discussion of the mechanism of inheritance.

3. *Heredity and Environment*: A discussion of the chemistry of chromosomes and genes. Enzymatic action is referred to and then the question of how environment affects these processes is raised.

4. *Fact or Fallacy*: Various popularly held ideas regarding heredity are discussed.

5. *Heredity and the Chromosomes*: Discusses work done in genetics since Mendel's time.

* * *

Bugged Bunny

One of the latest electronic marvels at Florida State University in Tallahassee is a broadcasting station that hops about like a rabbit. In fact, it is a rabbit.

The animal became a small transistorized radio station when a transmitter about the size of a quarter was placed in her abdomen. The implanted transmitter apparently causes no discomfort, and beeps from it are picked up on an ordinary radio nearby.

The bugged bunny is part of a graduate laboratory project in which each student builds a telemetric device to learn something about the application of electronics to biology. In this case, the purpose is to get a report on the rabbit's body temperature during ovulation.

— *The Horner Newsletter*

* * *

A firm in the U.S.A. is researching a new ammonium-releasing chemical which, when applied to cigarette paper, is said to prevent the formation of the cancer agent, benzopyrene. A company spokesman said that if cigarette manufacturers are not interested in the chemical, it may be marketed with an applicator through drug stores.

— *The Horner Newsletter*

* * *

To do easily what is difficult for others is the mark of talent. To do what is impossible for talent is the mark of genius.

— HENRI-FREDERIC AMIEL



**"O-O-O-O
MY FEET"**

**THEY'RE
KILLING ME!**

Why suffer agonies of
**CORNS &
CALLOUSES**

**TIRED, TENDER, ITCH-
ING, BURNING,
PERSPIRING,
SMARTING FEET**

QUICK RELIEF!

**GET PROMPT RELIEF
THE SURE WAY WITH
RELIABLE JOHNSON'S
FOOT SOAP**

*AT ALL DRUGGISTS AND FAMOUS
TOILET GOODS DEPTS. SINCE 1870

JOHNSON'S FOOT SOAP
BORAX IODIDE AND BRAN

In hemorrhoids
anorectal comfort
in minutes...

• Begin treatment with
Anusol-HC
(with Hydrocortisone acetate 10 m.g.)

• Maintain comfort with

Anusol
(suppositories and ointment)
Anusol will not mask
symptoms of serious
rectal pathology.



TORONTO, ONTARIO

THE NATIONAL HOSPITAL, QUEEN SQUARE, LONDON, W.C.1., ENGLAND

(NEUROLOGY AND NEUROSURGERY)
POSTGRADUATE NURSING EDUCATION.

One year courses are open to graduates of accredited Schools of Nursing with good educational background.

Three months academic teaching in the School of Nursing under guidance of Sister Tutor assisted by teaching Staff of Senior Neurologists and Neurosurgeons.

Eight months Clinical experience.

Five weeks vacation.

Certificate and badge of the Hospital awarded to successful Students.

Full graduate salary paid throughout the year.

This work has a special appeal to nurses interested in research and the humanitarian aspect of Nursing.

For prospectus apply to the Matron

As
Essential
As Your
Uniform!

Cash's
**WOVEN
NAMES**

- for making all uniforms, clothing and other belongings.
- Permanent, easy identification. Avoid losses.
- Easily sewn on or attached with No-So Cement.

FROM DEALERS OR
CASH'S, BELLEVILLE, ONT.

Cash's Names

12 doz.	\$4.25
6 doz.	\$2.75
3 doz.	\$2.00

CLUB 501

"WHERE THE ELITE MEET"

An exclusive club for unattached people

WA. 4-1302

or write

501 YONGE STREET, TORONTO
ONTARIO

CODE BLUE

This is the term used by Bethany Hospital, Kansas City, Kan., to describe their emergency procedure to cope with cardiac arrest. "Crash carts," containing a pace-maker, defibrillator, medications and sterile surgical packs are utilized and can be wheeled anywhere in the hospital within 20 seconds. When Code Blue is announced over the hospital public-address system, highly trained personnel and staff physicians rush to the designated room.

The first nurse at the emergency location starts external cardiac massage immediately. Another nurse inserts an airway in the patient's mouth and begins mouth-to-mouth breathing. They continue these procedures until personnel arrive with the crash cart and an inhalation therapist brings an intermittent positive pressure machine.

In the first six months of service, all seven patients treated for cardiac arrest survived. — COBURN, W. V. Code Blue: Emergency Procedure for Cardiac Arrest. *Hospitals* 38:46, May 1, 1964.

COMPARATIVE ANALGESIC ACTIVITY

In a study of 18 patients suffering from chronic pain (cancer or arthritis), Levomepromazine, a phenothiazine derivative, was compared with morphine and placebo. Three hours after intramuscular administration, Levomepromazine proved to be significantly superior to placebo and indistinguishable from morphine. Evaluations of pain relief by estimations of changes in pain intensity were found to correlate well with evaluations based on recognition of pain relief exceeding 50%.

The potent analgesic effect of Levomepromazine was obtained at the price of excessive sedation. This, however, was considered an acceptable side effect in a patient suffering from chronic pain. These results provide encouragement in the quest for a non-addicting substitute for morphine. — BLOOMFIELD, S., et al. Comparative Analgesic Activity of Levomepromazine and Morphine in Patients with Chronic Pain. *C.M.A.J.* 90:1156, May 16, 1964.

* * *

Do not read, as children do, to amuse yourself, or like the ambitious, for the purpose of instruction. No, read in order to live.

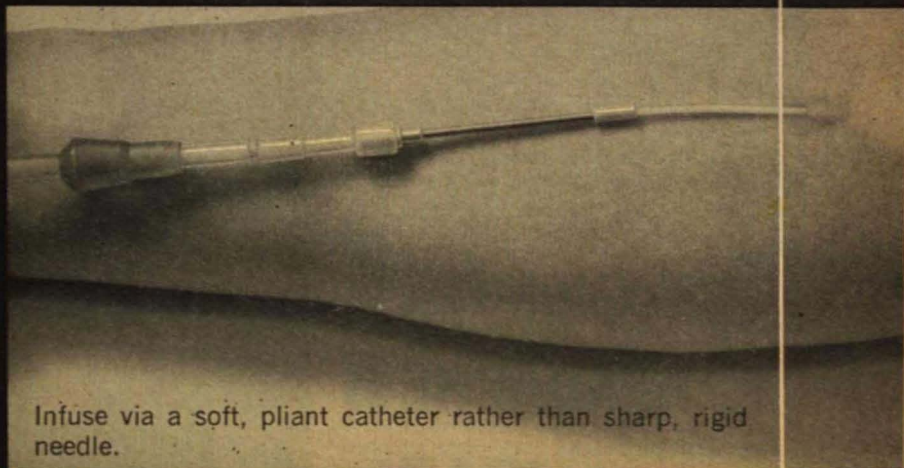
— GUSTAVE FLAUBERT

RADIOPAQUE
CATHETER
WITH
STYLET
SIMPLIFIES
I.V.
THERAPY

BARDIC®



Radiopaque — especially helpful in angiography techniques and certain anesthesia procedures.



Infuse via a soft, pliant catheter rather than sharp, rigid needle.

DESERET INTRACATH®

INTRAVENOUS CATHETER PLACEMENT UNIT

- Sterility assured with STERIL-PEEL® package and protective sleeve. No scrubbing or gloving required.
- Stylet (in radiopaque models only) provides easy insertion of catheter into vein.
- After venipuncture, withdraw needle, remove stylet... leave the soft, pliant catheter indwelling.
- Avoids repeated venipunctures.
- Reduces need for venous cutdowns and possible sacrifice of vein.
- Eliminates use of armboard or other restraint.

C. R. BARD, INC. MURRAY HILL, N.J.





...and you
have a
HEADACHE

"217"

TABLETS

the wonder
combination
for
**RELIEF
IN HALF
THE TIME**

Acetylsalicylic acid $3\frac{1}{2}$ gr.
Phenacetin $2\frac{1}{2}$ gr.
Caffeine Citrate $\frac{1}{2}$ gr.
Available in Handy Tubes of 12
Economy Sizes of 40 and 100



Charles E. Frosst & Co.
MONTREAL, CANADA



Even the wrapper typifies Tampax convenience

Women dislike fumbling with cumbersome menstrual protection devices. At a time when nerves are already on edge, difficulties seem to magnify with the pin-pad-belt routine. Tampax, on the other hand, is immediately available for instant use — merely pull the handy tear-thread in the linen-paper wrapper and there it is, ready for simple, efficient insertion into the vagina.

This wrapper has hygienic importance, too. Not only does it assure complete cleanliness, but it enables the user to carry spares in her handbag, or special Tampax purse container, with assurance that they will remain hygienic right up to the moment of need.

Your patients will welcome the tidy convenience of Tampax and will soon recognize, as have millions of other women around the world, its many other advantages. With Tampax, the problem of menstrual odor is virtually eliminated. It is easily disposable by flushing away, as are the container-applicator tubes, so necessary for correct and easy insertion. Bathing and showering are made aesthetically possible. Even sitting and walking are more comfortable.

If you have patients who are having psychological or emotional difficulties over menstruation, perhaps you can ease their problems by recommending Tampax. Its use, comfortable and practical as it is, can improve a woman's or girl's whole attitude toward the complex of menstruation.

Tampax is available in Junior, Regular and Super absorbencies to meet the varying needs during the menstrual period.

Canadian Tampax Corp. Limited, Barrie, Ont.

TAMPAX

Internal sanitary protection for better menstrual hygiene

Canadian Tampax Corporation Limited
P.O. Box 627, Barrie, Ont.

Please send sample booklets (plus reorder card) and a set of the classic Dickinson anatomical charts (laminated in plastic for permanence) for use in explaining menstruation and tamponage to patients. No charge.

Name

Address

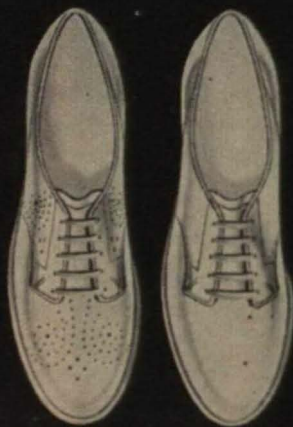
City Prov. CN 1

— say aahh...

Look into White Uniform oxfords by Savage. Better still, slip your foot into one. You'll say "aahh" (without any prompting) that's what you call comfort. And no wonder! White Uniform oxfords are made over the famous Hurlbut last and have special Krom-Flex leather soles that cushion every step. And they're treated with Sanitized® for lasting daintiness.

Choice of military or flat heels in a wide range of sizes and widths. All this comfort and style too. Available from your Savage dealer.

WHITE
UNIFORMS
by
savage





YOUR NAVY



YOUR ARMY



YOUR AIR FORCE

CAREER OPPORTUNITIES IN CANADA'S ARMED FORCES FOR REGISTERED NURSES

Applications are now being accepted from Registered Nurses for enrolment as officers in the Royal Canadian Navy, the Canadian Army or the Royal Canadian Air Force for duty in the Canadian Forces Medical Service.

Interesting and challenging careers with opportunity for advancement are offered to those who meet the requirements.

YOU MAY QUALIFY IF YOU ARE

A registered nurse and a current member of a Provincial Registered Nurses' Association

A woman under 35 years of age, single

A Canadian citizen, or other British subject with the status of a landed immigrant

**FOR FURTHER INFORMATION—INQUIRE AT OR
WRITE TO:**

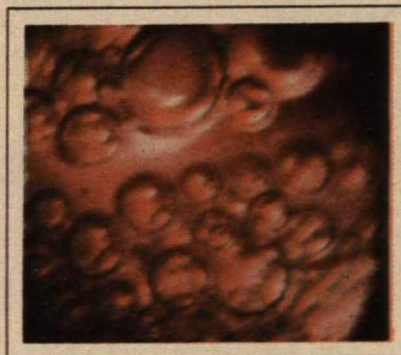
Your nearest Canadian Armed Forces Recruiting Centre or

**SURGEON GENERAL
DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONTARIO**

breaks the gas bubble barrier...
improves therapy

Mylanta*

an effective new antacid



BEFORE ADMINISTRATION



10 MINUTES LATER

Actual gastroscopic photographs demonstrate the effect of simethicone, the defoaming ingredient of MYLANTA.

elimination of gas bubbles in the stomach
assures a more receptive field for antacid
and demulcent action...makes your patient
more comfortable sooner

In peptic ulcer, gastritis, and whenever an antacid is indicated, MYLANTA assures effective therapy through a well-balanced combination of proven antacids **plus** a defoaming agent. This component, simethicone, breaks down the barrier of bubbles and foamy mucus, thus enhancing therapeutic action. In addition, simethicone provides the bonus of antifatulent action. Economical MYLANTA enjoys high patient acceptance...is effective in doses of 1 to 2 tablets or teaspoonfuls. Tablets are easy to chew and unusually smooth in texture; liquid is pleasantly flavoured to minimize "taste fatigue."

MYLANTA Tablets

Each tablet contains:
Magnesium Hydroxide 200 mg.
Aluminum Hydroxide,
Dried Gel 200 mg.
Simethicone (Activated
methylpolysiloxane) 20 mg.
Supplied in boxes of 100

MYLANTA Liquid

Each 5 cc. contains:
Magnesium Hydroxide 200 mg.
Aluminum Hydroxide
(equivalent to Dried
Aluminum Hydroxide Gel,
U.S.P.) 200 mg.
Simethicone (Activated
methylpolysiloxane) 20 mg.
Supplied in 12-ounce plastic
bottles

PARKE-DAVIS

PARKE, DAVIS & COMPANY, LTD., MONTREAL 9

CP-66964

*TRADEMARK

THE CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA

PUBLISHED IN ENGLISH AND FRENCH

BY THE CANADIAN NURSES' ASSOCIATION

VOLUME 60

MONTREAL, AUGUST 1964

NUMBER 8

Courage

When I was asked to address you, I was told that the word *Courage* had been given to you as a Watchword at the closing session of your last national assembly of nurses. Would I agree to speak on this theme? After some thought I answered yes. Yes, because I meant to participate fully in your convention, to share its spirit. The best token that I could give you of my good will was to examine with you all that this word may suggest to us. Yes, because courage is more than ever necessary to whoever wishes to perform useful work and to truly live.

But what is courage? Here is one definition, among others:

Firmness of heart, strength of soul, which makes one face danger, suffering, reverses of fortune, with steadfastness.

Let us analyze it: We note the two words, heart and soul, representing the centre of all life. They are accompanied by the qualities of firmness and strength, both of which imply the idea of soundness, stability. To have cou-

rage is, therefore, to have that soundness of heart and spirit that enables one to face danger, both physical and moral, suffering, reverses of fortune, and to do this with steadfastness. What is steadfastness? It is patience, perseverance, stability; stability of judgment, of ideas, of sentiments.

Soundness, stability, calm and persevering strength — this is what the word courage suggests. What could be more logical than to speak of courage in this country? If we recall its past, it has been marked by courage.

The courage of the first navigators who crossed the Atlantic on ships that now appear to us so precarious, to explore unknown lands, in a severe climate, cut off from all ties with their own country for months, sometimes for years;

The courage of those who settled in this vast country, bringing it gradually to the state of development it enjoys today. Within the space of five centuries, an energetic and active people, subjected to a severe climate, has made these uninhabited regions a great world power, with the second high-

est standard of living in the world. To maintain this inheritance in the coming years, to develop the natural resources of this vast country, one needs courage, now and always. The past history of Canadians suggests that they will have it in the future.

Do nurses need courage? If so, what kind of courage do they need? Nothing could provide a better illustration than a few examples chosen from the International Code of Ethics of the International Council of Nurses. The word courage is not mentioned in the text, but any nurse who really wishes to put the Code into practice cannot succeed in doing so without courage.

It states at the beginning that the fundamental responsibility of the nurse is threefold: *to conserve life, to alleviate suffering, and to promote health.*

To conserve life suggests, in many cases, the idea of a struggle. If there is struggle, courage is necessary. When life hangs by a thread, to act in the nick of time, to take precise and timely action, to continue treatment, exhausting though it may be, requires courage.

To alleviate suffering also demands courage, perhaps in a different form: the calm and persevering strength of the nurse, that helps the patient to bear suffering. Let us hear what a woman who has faced suffering and who has helped others to bear it, has to say to us about it:

Do we not meet daily poor, helpless creatures relying on their nurse as on an unfailing *point d'appui*, a force on which they depend. How often will they tell her, especially in the most painful and distressing hours: "Come and give me courage; I have it when you are here." That is your measure: enough to keep, enough to give.

Is courage necessary to promote health? Yes, undoubtedly, but in a way that is not immediately apparent. To persuade individuals or groups to accept rules of hygiene or conditions of living that will lead to better health; to work with public authorities and with medico-social teams for the provision and the establishment of a progressive public health and social program requires long and exacting labor, and courage, in the form of perseverance, tenacity, faith in the task undertaken.

Another article of the Code places

upon the nurse the duty of maintaining, at all times, the highest standards of nursing care and professional conduct. Do you not believe that this too calls for courage? It is so much easier to fall into an easy routine, to simplify a technique in order to gain time, and to end up with carelessness that might be fatal to the patient. It takes courage, when we are tired, to carry through a difficult nursing task; to control, in detail, the treatment entrusted to us; it takes courage, sometimes, to know how to insist upon proper conditions and adequate equipment, and to persist in emphasizing their importance when a negative answer has been made to the request and when we know that the well-being of the patient — his life, perhaps — depends upon them.

As we proceed with our reading of the Code, we learn that the nurse must not only be well prepared to practise, but must maintain her knowledge and skill at a consistently high level. Here again, courage is necessary. Such a result cannot be obtained without effort.

It takes physical effort, after a day of work or during a busy week, to force oneself to read or study professional reviews, or to make the necessary journey to hear a lecture or to participate in a seminar. It takes intellectual effort to settle down to study after several years of interruption, not only with a view to obtaining specialized preparation or acquiring a degree, but simply to keep in touch with new techniques and methods of treatment. The latter succeed one another at such a pace that our knowledge quickly becomes out-of-date. Effort of will is always necessary to improve one's self.

We read that the nurse is under an obligation to carry out the physician's orders intelligently and loyally but that she must refuse to participate in unethical procedures. Do we not see that here again the nurse must show courage — moral courage — undoubtedly the most difficult of all.

But such dilemmas do not occur every day. It is in her daily life that the nurse must have courage, in apparently insignificant actions, which are, nevertheless, the essence of her professional life:

To be punctual in her work, even when she is tired;

to do her work thoroughly and completely, because the welfare of her patient depends on her, even if she has personal reasons to wish to be finished as soon as possible;

to keep calm in the presence of an impatient doctor, who is not wary of his words, or when a new student nurse does not understand what she is to do, or when the staff is inadequate in number or in quality;

to overcome her own anxieties, sometimes very heavy to carry, and to devote herself wholly to her work;

to know how to listen, to understand and to comfort.

I would like, at this point, to borrow a few lines from two eminent nurses, both of whom have written for nurses, and particularly for the student nurses of the schools they directed, as well as for the other schools of their country.

The first one is MOTHER CATHERINE OF JESUS CHRIST, who was Superior of the Pasteur Hospital in Paris, and vice-president of the French Nurses' Association. This is what she wrote in 1936:

Do not let yourself simply exist: live in all the fullness of the word; live your life... as your profession demands. Now, it is austere, you know that; often it is even harsh and severe, always demanding courage.

Life is an effort, and a painful effort, especially when it is lived in a continual "face to face" relationship with suffering; in such a case, a double effort is necessary to react against the tendency to let go, and to maintain our ideals at a high level; to sustain our own courage and the courage of our suffering neighbor, when weakened both physically and morally; to revive those in whom life, in both these aspects, is failing... Courage, too, in the presence of perpetual new beginnings.

Often we incite ourselves to endure, to strive, by saying to ourselves: "It will soon be over." That should not be so in your case. Your profession is, as it were, for life. During your whole life, or nearly all of it, you will have to give of yourself unreservedly, unsparingly, without human compensation. Moral courage, moreover, shall be yours... Courage of your principles, in your judgment, in your responsibilities."

The second nurse whom I wish to quote is MADEMOISELLE GÉNIN who was Director of the Hospital and School of Nurses of the French Red Cross, Place des Peupliers, Paris. The few lines that follow are borrowed from the *Handbook of Professional Ethics* that she published in 1934.

She quotes, from Saint Thomas, a definition of courage: "Courage is to sustain and to undertake."

And she comments:

To bear the suffering that comes to us in so many different forms, either affecting the body or wringing the soul, and to remain firm and serene in anguish, this is courage.

To bear the pain that exhausts and overwhelms, keeping the steadfastness of one's soul in the accomplishment of one's daily work, this is courage.

To bear mockery, and slander, and remain faithful to one's duty, to one's principles, without compromise, whatever the obstacles, this is courage.

To undertake a task because it is fine and noble, although arduous and difficult; to support a cause because it is just, although fiercely contended; to continue an effort because it is necessary, although it be painful and dangerous, this is courage.

Courage, in one word, is valor of the soul and of the body; physical courage that consists of braving a danger is perhaps more striking than moral courage, but is it as praiseworthy? In grave and decisive hours, everyone can feel heroic, and act accordingly; but away from all glamor, from all applause, when it is necessary to wage an inner daily battle in the accomplishment of duty, in our relationship with our neighbor, it is necessary to display moral courage that cannot be sustained without the practice of virtue... There are many ways and many occasions to give proof of courage. Courage can be called voluntary effort, when, after careful consideration, it makes us undertake a task at our own risk. It is called perseverance when it pursues, sustains and maintains to the end the task that was begun. It is called steadfastness when it remains firm at its post, never wearying, disregarding obstacles, always going on, starting over as often as necessary and reaching the proposed goal. It is called patience and resignation and it can be practised at every moment to help us bear whatever may happen. Lastly, it is called heroism when it accepts with joy

the greatest sacrifices without waiting until they are forced upon us.

And, as we have said previously, there can be as much heroism in the continuity of the little things well done as in a brilliant deed. The occasions for courage in the life of a nurse are many every day. Inconspicuous and continuous courage to endure valiantly daily weariness, tediousness, the monotony of service, the repugnance of nursing duties; courage, sometimes heroic, to face contagion, to devote one's self night and day to snatch a patient from death... The courageous nurse is not the one who accomplishes any act of great courage, but the one who accomplishes courageously, that is to say with all of her heart, her professional responsibilities.

The nurse has a private life also, which requires courage as well because it is often a difficult one. Difficult, if the nurse is married and the mother of a family, because the days are too short for her to meet the double responsibility, without compromising her health, her equilibrium. Difficult, if she is alone, because often her loneliness is great. She has no one with whom to share her anxieties, no one from whom to ask advice.

If the mother of a family needs courage to face her conjugal life, the education of her children, the management of her home, the single woman needs courage also to face her life, to accept it, and to have the will to make a success of it and to be happy.

I would like to call to your minds as Canadian nurses a great figure in your history — Jeanne Mance. If ever a woman was courageous, it was she: Courageous in facing lack of understanding and even opposition, both in France at the time of her departure and in Canada, on her arrival, and on later occasions; courageous in bearing the cold, harsh winters and the continued attacks of the Iroquois in that first Hôtel-Dieu built of wood, at Ville-Marie, where water and bread froze on the table, and in remaining there, solely responsible, when Paul de Maisonneuve, with her approval, returned to France to seek reinforcements and subsidies; courageous in undertaking on three occasions the journey back to France, because she alone was able to carry out the mission necessary in

the interests of Ville-Marie (Montreal).

But today we are in the 20th century. If the conditions of living have changed since the time of Jeanne Mance, mankind has remained the same. The same qualities are necessary to overcome difficulties, to succeed in life. They will be the same tomorrow.

I think of you all here today: Of the older ones first, who, like myself, are arriving at the last years of their professional life, and are seeing that time is running out for their future activities. We can look back and say to ourselves that we needed courage to reach the point where we are today; to assimilate the changes that occurred in our profession; to have contributed, even if so very little, to the development and the organization of this profession.

I think of all those who are in the midst of their professional life, in full action, far enough from their debut to have forgotten, or nearly forgotten, that they, too, were novices once, but distant enough also from the end of their career to be unconcerned about it, and who find in this their security and their strength.

I think also, very specially, of those who are on the threshold, looking, perhaps with uncertainty, but also, I hope, with interest and confidence to the professional future that is opening before them. It is to them that I wish to speak in conclusion, recalling the final words of an address that I gave two years ago at the Annual Meeting of the French Nurses' Association:

Remember that nothing valuable is achieved without effort. But remember also that truly insurmountable difficulties are exceptional. Arm yourself with patience and with tenacity. Know how "to will" long enough. Circumstances change, minds evolve; what was impossible yesterday shall become possible tomorrow.

In 36 years, we shall be in the year 2,000. Many of us will be out of action. It is your turn, young nurses, to take over, and to write a new page in the history of the nursing profession.

ALICE CLAMAGERAN,
President
International Council of Nurses.

SUBMISSION ON AGING

The following, in condensed form, represents the content of the Brief presented by the Canadian Nurses' Association to the Special Committee of the Senate on Aging. The recommendations are reproduced in toto, as well as the Appendix which contains a useful list of references on the subject of aging.

There is an urgent need to recruit, prepare and effectively use more nurses to strengthen and expand essential nursing services, if the health needs of senior citizens in Canada are to be met. A coordinated, comprehensive health program requires qualified nursing personnel to assist older people to use all of the potential personal and community resources that will help them to attain and maintain optimum well-being; retain maximum function; adjust to the limitations and infirmities of aging. A nation's health program should include necessary institutional and health services and provide qualified nurses to give the supervision and assistance, the support and comfort that aging and aged people require.

The construction and equipment of institutions designed for the provision of services for and the care of older persons should be adapted to meet the particular needs of these people and to facilitate nursing care.

RECOMMENDATIONS

Recommendation I: That steps be taken to promote the expansion and development of services and facilities, including required nursing personnel, to meet the needs of aging and aged persons more adequately.

This could be done through a coordinated comprehensive program that would provide:

- a. Domiciliary care for the well;
- b. intensive care for the acutely ill;
- c. supervised convalescent care;
- d. care for the chronically ill.

Recommendation II: That the federal government encourage the initiation and implementation of a vigorous campaign to ensure that all institutions providing care for geriatric patients have appropriate con-

struction and equipment, designed to contribute to the welfare of the patients and facilitate nursing care.

Recommendation III: That federal sponsorship be given to the promotion and financial support of a program to provide for the recruitment, training and utilization of volunteer workers who may supplement and assist with the occupational and recreational therapy services provided to meet the needs of aging and aged persons.

Recommendation IV: That the provision of essential financial support to institutional services for the care of aging and aged persons be governed by rigorous legislative standards pertaining to the physical plant, the utilization of space and the staffing, including the qualification of the staff, of all such services.

Recommendation V: That the federal government undertake an investigation into the need for and the feasibility and advisability of the development of centres for:

- a. Research into the related problems, and
- b. experiment in the application of new concepts and principles of a comprehensive health program for aging and aged persons.

Once the practical soundness and consequent human and material economy resultant from an application of these concepts and principles have been demonstrated, or more effective ones developed, the demonstration centres could be utilized as educational centres to provide a specialized experience for health personnel engaged in the promotion of programs for aging and aged persons.

The Canadian Nurses' Association subscribes to the World Health Organization definition of health as being "The attainment by all peoples of the highest possible

level of physical, mental and social well-being"

We believe that the health problems and the program planned for the welfare of aging and aged persons must be assessed within the context of their personal and social relationships. We believe, and experience demonstrates, that hospitalization would often be unnecessary or the length of stay greatly reduced; that much acute suffering, physical, mental and social deterioration, and chronic disability would be prevented if adequate services through a comprehensive health program were available and utilized.

Nursing care programs must be planned in relation to the characteristic needs of people in their progressive stages of development from infancy to senescence. The particular needs of older people derive from the physiological processes of degeneration and the consequent need to adjust to the personal and social limitations imposed by impairment or loss of normal functions. Nurses who plan, provide, or supervise the nursing care of older people require specialized knowledge, skills, and understanding. A professional nurse is prepared to recognize warning signs and provide prompt services to prevent unnecessary discomfort, pain, disability or illness. Prompt, efficient nursing care can frequently prevent the complications of nutritional deficiencies; the emotional and social deterioration that results from social deprivation or mental depression; the more serious consequences of untreated minor health problems.

The Canadian Nurses' Association believes that all nursing services should be carried out under the direct supervision of registered (professional) nurses who, through basic preparation and continued education, possess the competence to administer the care needed by the aging and aged.

The nursing services of community agencies need to be expanded to meet the health needs of older people in homes, foster homes, and in institutions that provide domiciliary care. More adequate specialized hospital accommodation and services are required to provide active care and treatment. The architectural design and the equipment of all institutions that provide care for older people, should be adapted to meet their particular needs.

Environmental factors that contribute to the welfare of patients and facilitate nursing care in all types of institutions for the

care of aging persons include:

adjustable high-low beds; wide passageways with ramps where necessary; side rails in corridors and bath rooms; unpolished floor coverings; specially constructed bath tubs safeguarded by the use of rubber mats; adjusted toilets and wash basins; temperature controlled faucets; easily accessible bedside lockers, cupboards and recreation areas; automatic controls to maintain adequate ventilation and a constant room temperature.

Other patients tend to experience an acute sense of loss when they enter the strange environment of an institution. The restriction of normal activities, separation from familiar surroundings, and fear of the unknown often produce severe physical and emotional shock. Specialized and extra nursing care is required to counterbalance this effect.

Because of the greater need for supervision and assistance in the performance of the normal activities of daily living; because of the much greater amount of time required if the nurse is to help her patients to help themselves in accordance with the primary physiological principles of health and of quality nursing; because many older patients need more psychological and social support, particularly when an impairment of hearing, sight, speech or locomotion creates added difficulties in communication and social interaction, it is submitted that geriatric nursing requires *more*, rather than less, hours of professional nursing care.

The objectives of the Canadian Nurses' Association implicitly affirm a responsibility for the welfare of its own members and society. It seeks to support and promote a high quality of nursing service adaptable to a total health program for people of all ages. It is submitted that with expansion and closer coordination of existing visiting nurse services and the related services of official and voluntary agencies; with the provision and requisite financial support of more suitable family, foster home, or private apartment accommodations for older citizens; with the provision of more coordinated diagnostic and therapeutic services, many of the health problems currently associated with aging could be prevented, solved or treated more effectively.

The Canadian Nurses' Association respectfully submits that it is imperative that the increased moral and financial support of government and the public be forth-

coming to promote the better preparation of nurses and the more effective coordination and use of their organized services. More and better qualified nurses and nursing services are urgently required and must be provided if Canada is to meet the progressively evolving health needs and demands of its people.

E. A. ELECTA MACLENNAN, President

HELEN K. MUSSALLEM, Executive Director

APPENDIX

The following sources of reference substantiate the statements and the rationale of the recommendations presented herewith.

1. Harmer, Bertha and Henderson, Virginia. *Textbook of the Principles and Practice of Nursing*. 5th Edition. New York. The Macmillan Company, 1955, pp. 4-5.

"The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge. And to do this in such a way as to help him gain independence as rapidly as possible."

2. Sellers, A. H. "The Lengthening Life Span." *Canadian Journal of Public Health*, May 1960, page 183.

"One of the most important limiting factors today in relation to the care of older citizens is the shortage of nursing staff."

3. Soller, Genevieve R. "The Aging Patient." *American Journal of Nursing*, November 1962, page 114.

"A one-year study in 12 nursing homes in Minneapolis demonstrated that getting patients up in a chair or walking during the day, plus bowel and bladder training, reduced the amount of laundry, practically eliminated bed sores and greatly reduced the need for back care during the 3-11 shift."

4. Blaine, Daniel. "Psychiatric Aspects of Aging." *G.P.*, xx: 86, August 1951.

"... the apathy, slowed up thinking, much of the disorientation, the appearance of stupidity, are frequently not caused by actual deterioration of the brain with cerebral arteriosclerosis but are, in fact, produced by a severe reactionary depression."

5. Penfield, Dr. Wilder. "A Second Career — Instead of Retirement." *Health*, 1960.

"A delusion of incompetence, not incompetence itself is a retirement neurosis of false senility."

6. Boritz, Edward L. "Breaking those Aging Barriers." *Health*, February 1961.

"It must be accepted that the society which fosters research to save human life cannot escape the responsibility for the lives thus extended."

"... To exclude older people from useful employment adds up to future social chaos."

7. Streeter, Dr. M. "After retirement: What are the Health Problems Then?" *Health*, December 1961.

"... The great majority of our retired community are people who have worked at unskilled or semi-skilled tasks in an industrial society, and whose potential for great change and development is minimal. A Geriatric Hospital Day Center scheme is a must."

8. a. Inglis, Dianne and Seyers, L. Allison. "An Active Treatment Geriatric Ward." *The Canadian Nurse*, December 1963, page 1136.

b. Brown, Dr. E. Earl. "Active Treatment for Geriatric Patients." *The Canadian Nurse*, December 1963, page 1142.

Reports of a pioneer program in geriatric care in a special 42-bed unit of the Toronto Western Hospital.

9. Owen, Malone and O'Connell. "Campus Living for the Aging." *American Journal of Nursing*, December 1958.

A report of Kundig Center in Detroit which provides opportunity for elderly persons to live independently in the community. This centre provides protective services and facilities including multiphasic screening tests, medical consultant services, health counselling, social and recreational facilities and referral to hospitals for care as required.

10. Home for the Aged — Sweden Offers Ideas for America — 20402. Government Printing Office, Washington, D.C.

A report of a Swedish program which combines the protection of sheltered care with the freedom and privacy of independent living for older people.

11. Lesparre, Michael. "Home-Hospital Brings Continuity to Geriatric Care." *Journal of the American Hospital Association*, December 1, 1963, page 47.

A report on the program of the Brooklyn Hebrew Home and Hospital for the Aged, described as "A home for the aged combined with general hospital facilities which offers both physical and emotional continuity of patient care."

12. Hill, Beatrice H., M. H. (Director of Comeback Inc., 16 West 46th Street, New

York 36), "Connecticut's Program for Improving Care in Nursing Homes." *Nursing Home Administration*, November-December, 1961.

" In a series of pilot projects demonstrating methods of utilizing the services of a professional recreation specialist on groups of nursing homes, impressive changes in patient appearance, conversation, and behavior were observed and reported by medical and nursing personnel."

13. Rusk, Dr. Howard D. "Therapeutic Recreation." *Hospital Management*, April 1960.

"What sense is there in pouring fortunes in time and money into the treatment of acute and long-term illness while doing nothing to alleviate the stressful reactions that hinder a patient's recovery? In adding years to lives of aged, chronically ill patients without giving them something to live for?"

In most nursing homes and homes for the aged, emphasis is still placed on adequate food, good nursing care and fire prevention. Programs are too frequently limited to "bed and bored." But it has been successfully demonstrated that small institutions of this kind can afford recreation services when they get together to share in the costs of hiring a professional recreation leader and buying basic recreational equipment.

Trend setting new laws in California and New York make a recreation program a requirement for licensure of nursing homes and homes for the aged."

14. Hulicka, Irene Mackintosh. "The Volunteer's Contribution to the Mental Health of the Geriatric Patient." *Adult Leadership* (AEA of the USA), page 130.

"Volunteer workers perform invaluable and deeply appreciated services in hospital wards designed for the long-term care of severely disabled elderly patients."

15. Howe, Carl. "Professionally Guided Occupational Therapy." *Journal of the*

American Hospital Association, January 16, 1964, page 55.

"If, as we are convinced, the integrated individual personality is one of humanity's greatest assets, then it must follow that seeking to rehabilitate our senior citizens' feelings and self-concepts is the properly directed restorative care, and an occupational therapy program is the best way of implementing it.

If it appears that an occupational therapy program could almost pay for itself, that impression is correct."

16. Buckley, Bonita Rice. "Feeding the Aged Person." *American Journal of Nursing*, November 1959, page 159.

"Poor eating habits may cause a variety of ills in old persons, such as bedsores, mouth lesions, or general malaise; nurses must accept slow motion and untidiness in the interest of independent eating."

17. Thompson, Prescott W. "Let's Take a Good Look at the Aging." *American Journal of Nursing*, March 1961, page 77.

"Psychological, emotional, spiritual pain is always harder to bear than physical pain."

18. Bayne, Dr. J. R. D. "Philosophy of Geriatric Care." *The Canadian Nurse*, July 1962, page 612.

"It should be noted that not all elderly people are disabled. Although many may have one or more chronic diseases such as arthritis, diabetes, angina or chronic bronchitis, less than five per cent need to be in any institution in any country."

19. Prosser, Dr. R. R. "The Problem of the Aged." *C.J.P.H.*, May 1957.

20. Brodsky, Myrtle. "Life in an Old People's Home." *The Canadian Nurse*, July 1960, page 610.

21. Dunn, Dr. Halbert L. "What High Level Wellness Means." *Canadian Journal of Public Health*, November 1959, page 447.

An able presentation of the health needs of individuals and society.

ERRATUM

If you read the Roseway Hospital advertisement in the May issue on page 506, you will realize that typographical errors can occur in the best regulated families. It was just too good to be true!

A man who attempts to read all the new productions must do as the fleas do — skip.

SAMUEL ROGERS

* * *

Ah! don't say you agree with me. When people agree with me I always feel that I must be wrong.

— OSCAR WILDE

INDUSTRIAL NURSING

MARGARET M. WHEELER

Industrial nursing is the application of the principles of nursing to groups of men and women at their places of work, to assist them to build and maintain their best health, and to render prompt and efficient nursing care if they become ill or injured.

The objective of industrial health services is the maintenance and promotion of total health and the prevention of illness. It is not simply rendering emergency care. Total health embraces freedom from injury as well as freedom from illness. Those of us concerned with industrial health services consider the activities relating to accident prevention as integral parts of the industrial health program.

Safety engineering, as a specialty in its own right, is outside the province of the industrial nurse. However, she can and must contribute greatly to accident prevention. "No man is an island unto himself." Each department is a specialty but none of them works as efficiently alone as when they work harmoniously together. This is particularly true of the industrial nurse and the members of the safety department. The true safety team is comprised of management, the personnel department, safety department, foremen, doctor, nurse and the individual employees.

The industrial nurse's role in relation to accidents is probably most frequently thought of in terms of treatment. This is understandable. Because of her professional responsibility to give emergency care, injuries and their causes are reported to her, usually by the injured persons, immediately after an accident occurs. The nurse's interest in accident prevention, then, is direct. It stems from this immediate contact with a victim at the time of an accident. The nurse is primarily aware of injuries in terms of human suffering but she is also conscious of the cost in dollars and absenteeism.

Miss Wheeler is nursing consultant, Division of Industrial Hygiene, Ministry of Health, Quebec.

It is believed that the causes of accidents are usually reported most accurately to the nurse. The injured worker feels her concern for him as an individual and, quite understandably, responds more naturally to her requests for information. The safety man must know what has happened and why; the foreman must know how soon he can expect the worker back on the job. The worker may fear that he is "squealing" if he reports a condition to the safety man; he may fear losing his job in relation to answering the questions of the foreman. Thus the nurse is an important link in the chain of events regarding accidents and their prevention. Frequently, unsafe conditions and potential hazards are brought to her attention. She will direct such information to the proper authority without betraying the source. If there is a safety department, naturally this is where she makes her report.

The nurse's role in relation to safety is not only at the time of an accident. It is a constant part of her program. It starts with the first interview she has with an employee in preparation for the physical examination or health interview. At this time she reinforces information previously given to the employee by the personnel manager and/or safety supervisor. She re-emphasizes the value of safety; the safety regulations of the company; the safety precautions peculiar to the work to be done. She continues her safety education program every time an employee comes to her with an injury. No matter how minor it is, she asks how it happened. This frequently uncovers negligence in wearing a particular piece of safety equipment and provides an opportunity to reiterate principles regarding safety.

Another important contribution by

the nurse is as a member of the safety committee. Her reports usually form the basis of discussions by this committee since they contain the number, kind, cause and place of accidents. Unless emergencies demand her presence elsewhere, she should sit in on safety meetings. She can cooperate with the committee more effectively if she knows its problems and plans from the plant point of view. Frequently, she is able to cast light on the underlying causes of accidents which routine investigation has failed to disclose.

The development in each employee of a sense of responsibility for his own safety is an extremely important facet of safe working methods. The nurse through her contact with the employees, is in a unique position to encourage this sense of responsibility.

She also contributes in the areas of health supervision and counseling. The health supervisory role results in healthier workers; healthy workers should be safer workers. Though poor health undoubtedly can be a frequent cause of accidents, I believe that a great many injuries can be attributed to problems of an emo-

tional nature: family, personal, marital, work and economic problems. One of the most important functions of the nurse in industry is counselling — a function which is intangible, and is often overlooked and misunderstood. Many, many accidents may be prevented because employees discuss problems with the nurse. They have confidence in her and they know that she will keep matters confidential. Is it not sounder, economically, to have an employee spend a few minutes talking to the nurse and then return to complete a day's work safely, than to have him preoccupied and distracted, possibly suffering an accident himself, or causing an accident to a fellow worker? Accidents delay production, affect the economy of a company and a family and influence compensation costs. If the true cause of all accidents were known, a high percentage could be attributed to personal problems.

The nurse is a vital team member in an accident prevention program. She wants to cooperate with the safety supervisor and others on the safety team and rightly expects cooperation from them.



Coming!

IN

SEPTEMBER 1964

Convention Report

Naegele — Report of Study on Nursing Education

Small — Study Tour in England, Denmark and Finland (Part 1)

King — Customs of Italian Immigrants

Yap — Counselling

plus additional material

SAFETY IN INDUSTRY

R. T. G. MILNE, M.D and J. P. FERGUSON

The "team approach" is essential to successful accident prevention in industry.

In accident prevention, the safety director, nurse and doctor comprise a team. An attempt will be made here to defend the use of the term "team" by drawing an analogy between this accident prevention team and a team as seen in sport, such as football.

The football team is made up of two distinct units—the *offensive* team, whose intent it is to make positive progress down field and ultimately score points, and the *defensive* team whose intent is threefold:

1. To prevent the opposition from making gains,
2. to prevent errors or shortcomings of their own offensive team from becoming scoring tragedies,
3. if called upon in certain situations, to make the most of an opportunity and score points themselves.

Each man is, in a sense, a specialist and is trained specifically in his specialty. The interaction of these units is aimed at winning games which is synonymous with success.

In the Accident Prevention Team, the "offensive unit" is the safety director. He alone represents the member of the team who is specifically trained and oriented to take the major offensive in accident prevention. The success and strength of his endeavors and skills will be measured by his safety record. A weak offensive against the causes of accidents will be synonymous with an unduly high accident rate.

The "defensive unit" on the accident prevention team is comprised of

the nursing and medical staff. The job of this unit is to pick up the pieces after the accident has happened. Somewhere, our offensive team has fumbled the ball; an accident has happened and we are called in to handle the damage and to help prevent the injury from being a long-standing catastrophe. The skill and training of the medical team will determine, in any injury, the total time lost from work and the degree of rehabilitation attained.

There are situations where the medical team can take the initiative and assume the offensive role in the same manner that a defensive football player can pick up an opposition fumble and go for a touchdown. The offensive tactics of the doctor occur when the physician, in treating a series of similar injuries in a group of workmen, recognizes a certain common denominator such as low back injuries occurring frequently in employees with a common job. Individually, the workers' problems are routine; collectively, they present a pattern. With this pattern and an on-the-job evaluation of the workers' duties, the physician can go to the safety director with specific suggestions which may prevent similar accidents in the future.

Another area in which the physician can take an active, but seemingly remote role in accident prevention, is in the thorough medical screening of all job applicants. The physician and the safety director should be familiar with each job in the particular industry. Since the safety director knows the job and its demands, he should inform the physician of any additions or alterations in a job situation. This will help to ensure that the employee fits his job physically and emotionally.

Dr. Milne is the physician at Du Pont of Canada, Kingston, Ont. Mr. Ferguson is safety supervisor at Dow Chemical of Canada, Sarnia, Ont.

If there is any doubt as to the applicant's physical or mental capabilities to perform the job or, for that matter any future jobs, this is discussed by the doctor with the safety and personnel departments. If he is not rejected, the applicant is informed of his limitations. This is noted on his medical and personnel files.

The medical team can also "take the offensive" by carrying out periodic examinations of workers who may be affected by a possible toxic environment; by keeping under close medical surveillance, persons whose jobs affect the safety of other workers as well as themselves; by examining persons in the older age group at more frequent intervals.

The nurse may also take the initiative in accident prevention. With a good knowledge of the plant operation and its people, she can often detect seemingly unimportant physical or mental changes when they occur. She does not hesitate to inform the safety director or even the worker's foreman of anything unusual in his attitude.

The safety-medical team has an interest in "non-occupational" accidents whether or not they mean absenteeism for the employee. Frequently, the person who is injured off-the-job cannot return to his own job — temporarily or permanently. The more quickly he can be intelligently rehabilitated to some modified type of work consistent with his disability, the sooner he will get back to a productive basis.

One last area in which there should be more than just periodic communication between medical and safety departments is in respect to *safety records*. A halfback record is in points scored and yards gained. The safety director has a record too — the number of accidents in his plant (regardless of whether they are lost-time accidents or not). Unfortunately, safety departments, company management and employees themselves will do their utmost to preserve these records. It is in this "preservation of the record" area that friction among the medical department, safety director, management and employee may arise.

Too often, the safety record comes first and the employee second. As one physician put it: "As long as the body

is in the plant the safety record is intact." It is ludicrous that a concussion sustained outside the plant with subsequent lost time is accepted by all; a similar occurrence *within* the plant, accompanied by the medical advice to go home to bed for three days, is met with numerous counter proposals such as: "Can he do some other job?" or "Could he come in but spend considerable time lying down in a medical department?"

This area of the safety record is one in which the medical department, safety department and management should sit down and, literally, "have it out." The medical department, be it full or part-time staff, think in terms of medicine first and industry second. Their opinion should, therefore, be accepted as a medical opinion based on the health and future welfare of the injured employee. It is in this area that the physician's judgment is sometimes questioned. It is the wise physician who refuses compromise.

Most companies in the chemical industry, have comprehensive emergency plans which go into effect on very short notice. Safety and medical groups work as a team to set up and maintain it. Each group has certain procedures to follow and each is supplemented by plant personnel who have been trained to do specific jobs. It is the doctor's responsibility to review his group's function periodically to be certain that the personnel and equipment are ready to go at any time. First aid training is provided and all groups meet periodically to be certain that each person is aware of the part he or she would play should an emergency occur.

Summary

The prime role of accident prevention rests with the safety director. The doctor can, in certain instances, give advice to the safety director. There should be more than casual communication between the medical and safety departments. Points of friction should be frankly aired and not avoided. Complete communication is essential since neither the department nor its individual members should be placed before the prime principal — *accident prevention*.

THE NURSE IN INDUSTRY

LORNA ROCHE

The nurse's role is right in the middle. She is assistant to the doctor who is responsible for keeping the working force in optimum health, and assistant to the safety director who is charged with keeping the plant safe.

The activities and goals of accident prevention present a vastly different picture today from that of a few years ago. Because of the effective work of safety engineers, the frequency rate of industrial accidents and disease has dropped to a point that once was thought unattainable. Safety engineering must inevitably yield diminishing returns in comparison to efforts expended. This does not mean that these approaches should be neglected; on the contrary, they require more constant vigilance. It does seem obvious, however, that added attention must now be given to the individual and to the forces that lead him, either occasionally or habitually, to ignore the safeguards, the training and the personal protection with which he has been provided.

If we are to increase the productivity and lower the costs to industry, we must initiate and effect the application of scientific methods to provide a better diagnostic, preventative and rehabilitative medical program that reduces loss of time from all causes. In other words, the personal element of these remaining industrial accidents would seem to offer the most fertile field for additional future accident prevention and safety effort. You can make it possible to perform a job without injury, but you just cannot

make a job so safe that it is impossible for a workman to hurt himself. It is in this area that the medical department is justified in concerning itself with safety.

Before the nurse can perform her role effectively, she must have a clear and thorough knowledge about her employing agency with regard to:

1. Products manufactured and services rendered,
2. types of physical, biological and chemical hazards present,
3. lines of responsibility and authority between departments.

In small plants, as well as large, the nurse should conduct her own environmental health study by taking frequent trips throughout the plant and by having conferences with the safety director. She must also rely on the plant and production managers and foremen for information regarding work hazards and for help in correcting such hazards.

All of us, at some time or other, have our attention distracted or our minds occupied with something other than what we happen to be engaged in at the moment. If this happens in the plant, it could result in an accident in spite of the best-devised safety procedures. Often, such distractions have a medical or a psychological basis. They can be the result of illness accompanied by pain and worry; they may spring from a more subtle source, e.g. the familiar "argument with the wife," worry about illness in the family, financial or economic problems, worry about a wayward juvenile — or simply from not eating a proper breakfast.

Mrs. Roche is the occupational health nurse at Cyanamid of Canada, Ltd., Hamilton, Ont. She presented this address at an annual conference of the Ontario Industrial Safety Association.

In such cases, the medical department can be a source of valuable assistance through the counselling of workers before the stage of stress and "accident proneness" has been reached.

The nurse is often the first to pick up clues which may indicate some lapse or breakdown in safety procedures. Her duty then is to discuss this problem with the foreman and safety director. She thus provides a valuable line of communication between the employees and the safety director. She also has the opportunity to discuss safety with the workers, and to give them the reasons for, and the importance of, safety regulations.

Most industries have a relatively stable group of health and safety problems, the hazards of which are well known. Furthermore, most of the dangers against which they must guard are tangible — human error being the most variable and the most unpredictable factor with which they have to deal. The advancement of modern chemical science, with its emphasis on research, results in the constant development of new products and of different processes for old products. New products, new processes, men learning unfamiliar jobs, old-timers who sometimes no longer have a healthy respect for chemicals, new employees who are nervous and apprehensive about everything in a chemical plant — all these make the responsibility of the safety and medical department a formidable one that calls for the utmost in team cooperation. Workmen must be properly instructed in safety-first by the safety director and the foreman. Frequently, reminders can be given informally by the nurse through conversations during routine medical procedures. Helping even one man to work and live more safely is quite worthwhile.

Workers who are exposed to toxic chemicals should be kept under strict surveillance. Where toxic materials are being used, the nurse should have a working knowledge of the mode of entry and the method of absorption into the body. Upon detecting early signs of toxicity, the nurse should refer the problem to the physician for investigation and to the safety department for engineering controls. She

must not, however, pass judgment on the situation.

The nurse can assist the doctor in pre-employment examinations by taking careful medical histories. These histories are valuable since they may uncover many conditions that in themselves might preclude the employment of an applicant for a specific job. Many conditions make the man, or woman, an unsafe worker in certain jobs. If, for example, the applicant states that he has epilepsy, diabetes, or has had a recent heart attack, he will not necessarily be disqualified from all gainful employment; he cannot, however, safely qualify for jobs such as driving a truck, working on scaffolding or performing a job of high physical demand. A more comprehensive assessment of the individual can thus be obtained by careful medical screening.

Human factors are much more complex than environmental ones. Psychological problems will arise in any place of employment; they may show up on the production record, or as a problem of absenteeism or interpersonal relations. Many workers do not have the capacity to keep up the pace expected of them at work, at home or in their social lives. Mounting tensions frequently build up to serious levels, resulting in disturbed interpersonal relationships among workers, supervisors and management. These problems come constantly to the nurse's attention. She is in a unique position to observe early signs of stress, emotional instability, anxiety and even psychotic tendencies that may lead to accidents.

Conclusion

The nurse, under the supervision of the doctor, plays an important supporting role in accident prevention. When an accident does occur, early and efficient medical care greatly reduces the degree of disability and amount of rehabilitation which follow. The counselling services at the time of treatment are valuable in assisting the employee to make a satisfactory adjustment. Coordination with community health and welfare resources will strengthen the links of communication, and further aid the rehabilitation of the injured or ill worker, physically, emotionally, vocationally and socially.

PRINCIPLES OF PHYSIOTHERAPY

J. H. CECILIA

A discussion of the role and importance of physiotherapy as a supplement to medication for patients suffering from lung and heart disorders, and in postoperative treatment.

Obviously, the physiotherapist must have a thorough knowledge of the anatomy and physiology of the thorax and abdomen and an understanding of the pathology of these areas. In general, physiotherapy can be summarized as consisting of breathing exercises to increase vital capacity, tapotement, postural drainage to aid expectoration, and exercises to strengthen the muscles of the abdomen and limbs and to maintain mobility of the latter.

Before treatment, a routine examination is carried out to note symptoms: cough, expectoration, pain, limitation of thoracic and shoulder movements, and deformities. Knowledge of the case history and a study of the X-ray plates help to achieve a better understanding of the patient's condition.

Principles of Physiotherapy

Respiratory disorders may be classified as follows:

1. Acute disorders such as bronchitis, pleurisy, pneumonia and empyema, for which physiotherapy is not recommended.
2. Chronic illnesses such as chronic bronchitis, emphysema, asthma and bronchiectasis. In these cases physiotherapy has an undisputed role.
3. Patients who have undergone or who require surgery.

Measurements: Expansion of the rib cage, vital capacity and range of shoulder motion must be measured and noted. All chronic pulmonary disorders show characteristic symptoms: tension of cervical and thoracic mus-

cles; reduction of vital capacity and of movements of the rib cage; defective breathing and posture; frail constitution; dry or productive cough. Physiotherapy remains essentially the same but varies in its application according to the characteristics or symptoms of the individual case.

Relaxation: This requires hard work and only occurs after improvement is obtained in breathing. A start can be made by reducing muscular tension. To achieve this, active head, shoulder and arm exercises are most helpful.

Increase in movement of the rib cage: Expansion of the rib cage can always be increased by breathing exercises. In most chronic cases, the first step is to have the patient practise expiration. Using the hands or a binder to cause pressure on the ribs facilitates expiration, as well as thoracic movements. Once the patient has mastered expiration he can concentrate on different parts of the thorax to obtain local expansion.

Correction of faulty breathing: The patient is taught to use all parts of his lungs, with emphasis on the regions which have not been fully exercised: upper, lateral and lower costal breathing, progressing to unilateral respiration. These exercises should be continued until the patient achieves good thoracic control.

Postural correction: Any patient suffering from a unilateral pulmonary disorder sooner or later develops faulty posture. This can be corrected. The patient can be taught the principles of correct posture; postural muscles can be strengthened to permit the maintenance of good posture without fatigue; contracted muscles can be stretched.

Expectoration: Patients who cough as the result of the collection of secre-

Mr. Cecilia was a therapist with the Physiotherapy Department of Hôtel-Dieu Hospital, Quebec City, when he wrote this article.

tions can be helped to expectorate, thus avoiding an increase in intrapulmonary pressure and fatigue to the heart and lungs. If the mucus is viscous and adherent, percussion of the thorax while the patient is in postural drainage position will be of considerable assistance.

Improvement in the general condition: This depends largely on medical treatment, but if the attending physician so decides, the physiotherapist can help by providing light general exercises and exposure to ultraviolet rays.

Chronic Bronchitis

The aims of physiotherapy are:

1. To increase vital capacity and mobility of the thorax by means of relaxation and breathing exercises;
2. to increase the volume of oxygen by aiding expectoration;
3. to re-educate the patient regarding posture;
4. to increase the patient's resistance to infection by increasing pulmonary circulation through general exercises.

Asthma

Asthma presents an additional problem because of the psychological factor that is often involved, particularly in children. Thus, physiotherapy for these patients requires special attention. The parents' cooperation is essential and the physician's advice may be repeated to them by the physiotherapist. The aims are:

1. To obtain the patient's confidence;
2. to teach relaxation, particularly of the cervical and thoracic muscles;
3. to teach expiration and diaphragmatic respiration, first at rest, then while walking and running, followed by more strenuous exercises.

After a series of treatments, the patient should be able to control his breathing when he feels an attack coming on, thus avoiding panic.

Bronchiectasis

The two main treatments are:

1. Percussion and postural drainage in order to avoid accumulation of secretions in the cavities;

2. general exercises in order to reduce the risk of toxic absorption and attacks of bronchitis.

If the case is inoperable the patient should learn the position required for postural drainage since he will have to continue these treatments at home.

Emphysema

These patients can benefit from physiotherapy without danger of heart involvement. They are taught to relax during expiration and an attempt is made to expand the base of the lungs, thus reducing apical breathing. Once breathing is under control, patients can increase their endurance by practising general exercises.

Use of Artificial Respirator

In conditions such as poliomyelitis which affect the respiratory centre, some patients need a respirator temporarily. It is the physiotherapist's task to help the patient dispense with the machine gradually. He must familiarize himself with the apparatus and cooperate closely with the nursing staff and anesthetist. This phase may take a long time. The physiotherapist encourages the patient to breathe without the respirator, for as long as possible and at the same time, checks his pulse and facial expression. Repetition of breathing exercises at frequent intervals is better than one long period without the respirator. The last and most difficult step for the patient to master is sleeping without the apparatus. He should be able to rest comfortably in the daytime before spending the night without the respirator. His respiratory muscles will not be overtaxed and he will not accumulate too much CO₂ in his lungs.

Physiotherapy Following Thoracic Surgery

In all thoracic surgery there is danger of atelectasis of a lobe or an entire lung. This, in turn, can lead to other complications such as bronchopneumonia or bronchiectasis. It is most important for the patient to practise respiratory exercises prior to operation so that he will cooperate more fully

in the postoperative period. He should also learn to cough with a minimum of effort. The physiotherapist should be at his bedside when he awakens so as to help him resume his respiratory exercises and coughing.

The gradual development of structural deformities is another possible complication. The patient can be taught to regain good posture. Exercises for this purpose should start the day after the operation.

A third problem is stiffening of the shoulder and limitation of arm movements. Even though the incision does not affect the shoulder muscles, the patient will avoid making full range arm movements through fear of pain. The physiotherapist should see that these motions are carried out as required.

Physiotherapy in Cardiac Surgery

The fundamental principles of physiotherapy are the same for all types of cardiac surgery:

1. Maintenance of good lung expansion through teaching the patient how to cough in order to achieve efficient expectoration;
2. correction of postural defects;
3. maintenance of good circulation through exercises graded according to the patient's capabilities;
4. arm movements directed towards achievement of full range of motion.

At the surgeon's request, the physiotherapist tests the patient's endurance of exercise before and after the operation.

Since complications are likely to arise within the first 12 hours post-operatively, breathing and coughing exercises should be initiated as soon as the patient awakens and should be continued every two or three hours throughout the first day. The patient should bend over to cough and will be less apprehensive if the physiotherapist helps him by supporting his chest. His cooperation is essential if atelectasis is to be avoided.

On the second day, when the patient is wider awake, he can be helped to move his arms vigorously and to correct his posture. Breathing exercises are continued every four hours. On the third day, all exercises are intensified. The patient is encouraged to

move his arm in a wider range; if he has had mitral valvulotomy or closure of an atrial defect he may be allowed up. On the fourth day, he has only one treatment. On the fifth day, light stretching exercises and turning the trunk from side to side are begun, followed a day or two later by trunk-bending exercises.

Patients who have undergone correction of stenosis, coarctation or aneurysm of the aorta, or any other surgery involving opening of the ventricle, must remain in bed for two or three weeks. Trunk exercises are initiated on the 13th or 14th day.

Patients in the first group start to walk on the sixth or seventh day. From the seventh day on, exercises are carried out while standing. The patient begins to climb up and down stairs on the 10th or 12th day, gradually increasing the number of steps.

Patients in the second group necessarily progress more slowly. As soon as they are allowed out of bed, exercises increase progressively just as for patients in the first group.

Normally, patients with cardiac surgery require three or four weeks of convalescence. Their physical activities must be limited for two or three months, depending on the advice of the surgeon.

General Abdominal Surgery

As in the case of thoracic surgery, abdominal operation may be followed by bronchitis or atelectasis. During the period between the patient's admission and his operation, the physiotherapist should see him and explain the importance of breathing exercises and lower limb movements.

Gastrectomy

Because of the paramedial incision, pulmonary complications often develop after this operation. Preoperative treatments include familiarizing the patient with breathing exercises, teaching him how to cough and giving him instructions concerning change in position. He must realize the necessity and importance of physiotherapy if the results are to be entirely satisfactory.

Colostomy and Appendectomy

Treatment is more or less the same for these as for stomach surgery. Since there is greater risk of phlebitis, vigorous exercises of the lower limbs should be encouraged. Exercises to strengthen the muscles of the abdominal wall are most important and should be begun as soon as the surgeon deems it necessary.

Herniotomy and Hernioplasty

Postoperative physiotherapy varies considerably depending on the type of operation and the surgeon's opinion about the length of time the patient should remain in bed. Treatment follows the usual postoperative routine, but particular attention should be paid to the following points:

1. Since the strength of the abdominal wall is very important, exercises for this should be started immediately, whether the patient is allowed up or not. Naturally, these should be done without interfering with nursing care. Exercises are begun with the knees bent, the patient doing trunk and pelvic movements.

2. The danger of phlebitis should be kept in mind if the patient is required to remain in bed. Lower limb exercises are very important, although it is sometimes necessary to avoid bilateral leg bending.

3. If the patient is confined to bed for a long time, breathing exercises are essential.

The patient should be warned to avoid too strenuous efforts at the outset. The physiotherapist can help to reduce the risk of rupture by demonstrating strengthening exercises for the abdominal muscles and the correct way to lift relatively heavy articles.

Hysterectomy

The danger of phlebitis may be greater following surgery of the reproductive organs. As in the case of other abdominal operations, physiotherapy consists of exercises for the lower limbs and abdomen. Leg massage can be helpful in stimulating vein circulation.

The physiotherapist can not only save limbs, but may also contribute to saving life.

In the Good Old Days

(*The Canadian Nurse* — AUGUST, 1924)

Excerpts from the Twelfth Convention of the Canadian National Association of Trained Nurses:

Moved by Miss Fairley, seconded by Miss Gaskell, that the office of *The Canadian Nurse* magazine be moved to National Office in Winnipeg. Carried.

Miss Randal submitted her resignation as Editor and Business Manager of *The Canadian Nurse*, to take effect on September 1st, 1924.

BE IT RESOLVED: That the name of the "Canadian National Association of Trained Nurses" be changed to that of the "Canadian Nurses' Association." Moved by Miss Hersey, seconded by Miss Ferguson, that the resolution be adopted. Carried.

Whereas the Private Duty Nurse knows that even a ten-hour day is too long for the type of work she has to perform, yet because she realizes the difficulties under

which hospitals carry on, and because her desire is to disturb hospital management as little as possible:

BE IT RESOLVED: That the hours of duty for Private Duty Nurses in hospitals be from 8:00 a.m. to 6:00 p.m. and 8:00 p.m. to 6:00 a.m.

Miss Gunn moved an amendment "That the hours be not stated, but that the hours of duty be ten consecutive hours." Amendment carried.

During the sessions, Dr. Helen MacMurchy presented Miss Hersey, convenor of the Publication Committee, with five bound volumes of *The Canadian Nurse*, for the years 1905-1910 inclusive. Dr. MacMurchy, who was the first editor of *The Canadian Nurse*, published the first issue of the magazine in March, 1905. She resigned the editorship in December, 1910, but she has continued to take an interest in the magazine and in the welfare of the nurses of Canada.

A Kaleidoscopic Glance At Mental Illness

CAMILLE LAURIN, M.D.

More than any other type of illness, mental illness troubles and terrifies mankind. The reason is that mental illness reaches into the inner recesses of man's being, threatening to obliterate those features that are specifically human, and all that contributes to make man a creature endowed with reason and free will.

Mental illness is no less an illness of the will than it is of reason, even though it is now established that the intellect cannot be dissociated from affective phenomena, whether one considers their origin or their *modus operandi*. One may wonder why mental illness is invariably defined in terms of reason rather than of freedom. Symptoms pointing to a deficiency of the will are just as numerous and impressive as others pointing to a weakening of intellectual powers. This is true for the person with agoraphobia who, in spite of every intention he has of so doing, cannot resolve to walk on the street by himself; this is typical of the person with obsessive compulsive neurosis who, against his will, is compelled to indulge in a ritual that seems ridiculous to him; it is the case of the pervert who cannot check his impulses; finally, it is evident in all neurotics who manage, against their will, to annoy everybody thus engineering their own misfortune. One can hardly plead ignorance in such cases. Would it be possible for man to turn his back on what he does not want to see, so as to avoid admitting impairment of his free will? This would appear still more humiliating, more tragic, more fearsome from an ontological as well as from a social point of view than injury to what he refers to by the static and abstract term of intellect.

However, uneasiness and fright induced by mental illness are not solely caused by man's being impaired in what he cherishes most, i.e. intellect and free will. They are also to be ac-

counted for by the very terms of the problem with which man's intelligence is thus confronted. Indeed, mental illness appears in the garb of an ill-defined, ambiguous, and equivocal phenomenon which entails several aspects, but which nonetheless exceeds the limits of all sciences interested in making it their own exclusive field of study. The anxiety generated by that very threat is increased by the mystery and vagueness involved in such a threat. Before it strikes, it is quite impossible to predict when, where, or how it will strike. Once its blows are dealt, everybody propounds his own explanations and solutions but nobody agrees with anyone else on the nature, origin, and treatment of the resulting injury. In his struggle against shadows, man becomes acutely aware of his vulnerability, and stands a perpetual watch but it remains extremely difficult for him to overcome his feeling of helplessness.

Under such circumstances, it is hardly to be wondered at that mental illness should stand as the symbol of a contradiction in the eyes of man. Our patients tell us in their own words how frightened, how restless, how shamed they are to find themselves in that no-man's land of pathology. This is an exact reflection of public opinion in their society. The cancer sufferer knows that his life is endangered, and is deeply perturbed by the threat. He also knows that the causes and treatment of cancer are not as yet very well understood — a state of affairs that can hardly bring him any comfort. However, the disease he suffers from is quite well defined. It belongs to medicine. There are precise techniques and methods involved, the efficiency of which has often been verified. Cancer

Dr. Laurin is Associate Professor at the University of Montreal, and Scientific Director of the Institute Albert-Prévost, Cartierville, Que.

can be investigated. Moreover, the physician must accept full responsibility as far as treatment is concerned. The patient deals only with the latter, without questioning his ability, and goes on hoping that he will at least prove capable of prolonging his life-span, should he fail to ensure a normal life-span. Moreover, the patient finds it less humiliating to suffer physically rather than mentally. Finally, he can still make use of his faculties, the resourcefulness of his personality, and his scale of values in order to transcend his present predicament, find some sense in it, and relate it to an aim capable of gratifying his highest aspirations.

"Moral" illness is not ambiguous either. A list of possible sins and imperfections, of offences, and of faults injuring society has long been in existence and is being kept up-to-date. This is the province of theologians, jurists, and lawgivers. Everyone is quite clear as to the extent of his own jurisdiction, and sees to it that no one infringes it. Lording it over their own field, they base their decisions and actions on postulates and criteria that are specific to their sphere, which become more and more clearly and precisely defined as time goes by. Such bodies of doctrine and the development of professional practice are grounded, without exception, on the focal concepts of responsibility and free will. If one agrees that man is free to choose between good and evil, one must equally grant that man must be held responsible for whatever choice he makes. Once his obligations to God, his fellowmen, society, and the state are defined for him by natural and social law, then man becomes the sole and only judge of his own actions. His free will is a sufficient and adequate faculty for him to live up to his duties. This faculty enables him to become involved in given activities and to take such means, personal and external as well, as are available for him to reach the aim he has set for himself. Should he behave so as to infringe civic, social, or religious standards, then he cannot escape his responsibility. He becomes liable to such penalties as are specified in the case of failure to comply with the established code of behavior. Those penalties, how-

ever, do have an advantage: They are unambiguously defined; they are capable of soothing anxiety and guiltiness; they obliterate or redeem the offence which was perpetrated; they can reconcile man with himself; they can restore his peace of mind; they can fire him with renewed courage.

On the other hand, the mentally ill person must live in a confused, hazy, and vague world. Try as he may, he consistently fails to make sense to himself or to make himself understood by his fellow-men. Symptoms which can be observed in such a patient are kaleidoscopic in kind, and appear to belong in turn or simultaneously to biology, psychology, ethics, and criminology. The patient imparts his inhibitions, scruples, self-accusations to his confessor. He requests that the physician relieve him from palpitation, sleeplessness, headaches, and exhaustion. People in his environment reproach him for his moodiness, withdrawal, queer behavior, inconsiderate decisions, while they charge him to regain his composure. At the same time they stun him with advice. Sometimes he will end up in a law court after getting involved in some reprehensible deed. He will not always be taken for what he is really — a sick person. More often than not he will be given some such label as "unruly," "black sheep," "abulic," "misbeliever," "hardened," "intricate," "unadjusted," "queer," "impossible." He will retain somebody's attention for a short while and then, when his striving culminates in utter failure, every one will agree to declare him guilty, thus abandoning him to anxiety, loneliness, and helplessness.

This account of the situation is hardly exaggerated even though it is undergoing changes under the spreading influence of modern psychiatry. Psychiatry has made rather slow progress due to numerous obstacles which proved extremely hard to overcome and which have persisted from the very beginning. Primitive societies were not in the habit of considering mental illness as a specific phenomenon. It assumed a symbolic value, pointing to some kind of discordance or break in the harmony which ought to exist between a social group and its tutelary

divinities. It was thus interpreted as a sign of ill omen; as an aftermath of an offended deity's wrath; as a threat hanging over the very existence of the group which could only subsist provided it remained assured of omnipotent good will, protection, and assistance. As far as he was concerned, the patient escaped the common run, and became an instrument chosen by the gods to impart to mankind their own feelings and will. He was thus turned into a scapegoat who had to submit to or preside over all necessary purifications. One may well appreciate that the reign of equivocation had already begun.

With the advent of Greco-Roman civilization, animism and magical thought started receding to the background. Philosophers established the rule of reason. Hippocrates studied illness for its own sake, and saw in it a natural phenomenon the various forms of which he described while he sought to disclose the causes thereof. Although this description applied to all manner of disease and to epilepsy in particular, the father of medical science devoted his undivided attention to organic diseases. That trend made itself more and more deeply felt with Galen and the Alexandrian School. Thus, after its first advance, psychiatry started stagnating, and was given an orientation which was to lead nowhere.

Chance is not responsible for such a major failure. No doubt Hippocrates was right in assuming that any kind of illness, physical or mental, is a natural phenomenon which reason alone could explain, prevent, and neutralize. But we have now reached the point where those two primary types of diseases are again becoming all-important. Actually, postulates, methods, and techniques set up by Hippocrates were much better adapted to the analysis of factual data and body mechanics than to investigation of the world of subjectivity and passion. Therein lies the true reason why description and therapy of organic syndromes can virtually be equated to the whole of his contribution. However, Hippocrates' success was so significant that master and disciples as well were induced to infer, without further proof, that mental pathology also took

its place in this monolithic conceptual framework, and that one ought to apply to it the same methodological treatment. The unknown was thus forced, willynilly, into those categories which had just been formulated. As a result a half-truth became a stumbling block.

Some portion of this well-grounded theory made it possible, in the following centuries, to identify those psychiatric illnesses which resulted from injury to cerebral structures or functions as having an infectious, tumoral, vascular, traumatic or metabolic origin. However, that part of the theory that was erroneous prevented physicians, down to this day, from understanding the nature, meaning, and origin of the most common types of neuroses and psychoses. There was a shortcoming and a failure which called for an explanation. Shut up as they were into their own beliefs, people could not help postulating biological hypotheses. Thus, they made heredity responsible for the origin and degeneration of psychiatric illnesses for which they failed to bring to light a specifically organic impairment. Though neurological science and research techniques subsequently developed, the gap between psychiatry and other medical branches became wider and wider. Mental illnesses ceased to command interest after they had been duly labelled and classified. While they wait for better times to come, psychiatrists and patients could only find a place at the borders of the scientific world.

While for centuries mental illness remained misunderstood by the medical profession, it did not fare any better at the hands of the philosophical and theological professions. The two authors of *Malleus Maleficarum*, published in 1487, made no distinction between heresy, witchcraft, and insanity, all of which were considered to be fathered by the Evil One. Even though he might pretend to be or appeared in the guise of a victim, man was in fact no sufferer. When he submitted to the Devil and allowed him to take hold of his soul, man did so of his own accord and by a formal act of his will. He then sided with sin against virtue, with sex against chastity, with the body against the soul, with worldly powers

against heavenly ones. As Zillborg¹ wrote in his *History of Medical Psychology*:

He must be punished, he must be eliminated from the community. More than that, his soul, held in such sinful captivity by the corrupted, criminal will within the body, must be set free again; it *must* be delivered. The body must be burned. The auto-da-fé, which appears to the modern man so gruesome and so horrifying, thus appeared to the man of those days an act of mercy, a solemn and invigorating salvage of something pure and immortal from the clutches of evil and darkness.

Meanwhile, Thomas Aquinas formulated as a principle the substantial relationship between body and soul. On such a foundation a psychiatric science could have been established and would have uncovered the dialectic connections relating organic to psychological data. This would have applied equally well to an investigation of how symptoms develop and to a study of treatment procedures. Unfortunately, there was no one at the time who would or could undertake such work. On the contrary, Cartesian dualism was soon to sever natural sciences from social sciences absolutely. The body was relinquished into the hands of physicians who had to study it according to a method which was at once inductive, empirical, and experimental; the affective part of human beings was handed over to psychology, which went on using in its work the apparatus of formal logic.

The two sciences soon started fighting over the possession of the field of mental pathology. Medicine attempted to establish a kind of psychiatry that took no account of conscience. Philosophers, psychologists, and moralists set up hypotheses that had little bearing on biology. While not deviating from the level of conscious phenomena, one proceeded to epistemologically segment the regions of mental life. Higher faculties, such as intellect and will, were set apart from lesser faculties, such as imagination and memory. They then studied the structure, workings, and manifestations of

each individual faculty. Should one particular faculty's manifestations disagree with the accepted standards, there remained only one principle to explain such a situation away. The principle was that higher faculties had in varying degrees failed to work properly, temporarily or permanently, whether because of a structural fault or a deficiency occurring in the working mechanisms, by reason of factors involving the individual's, the individual's parents', or society's responsibility. Upon completion of such an investigation, the therapeutic course to be followed became apparent. Whatever the terms, the difficulty, and the duration of such a treatment, it concerned only the conscious part of the person's life, and aimed at enlightening the intellect and strengthening will power. Thus forced into such categories, mental illness was once more stripped of all its specific features, and could no longer be examined and treated except in terms of criteria and methods peculiar to ethics and psychology.

At the end of several centuries' work, it was apparent that the human mind had failed to establish a true science of mental illness on sound foundations. Indeed, equivocation became more and more pervasive as it was kept alive by quarrels between the various schools of thought. Partial truths emerged which everyone tried to clothe in the dignified garb of universal truths. As for the patient, who was tossed about between antagonistic tenets, he could not find anywhere the understanding and help to which he was entitled. Treatments to which he submitted mostly resulted in failure or else proved to be of limited efficiency. If, after a while, the patient did not recover or else did not amend, then the psychiatrist, the moralist, and the patient's associates started to harbor resentment against him on account of his symptoms or deviations. They charged him with obstinacy and ill-will, and finally withdrew from him until he was left to his fate. Should he indulge in excesses of an erotic or aggressive nature, he was put in prison or sent to an asylum. Since these wretched people could neither be understood nor helped, their numbers in-

¹Zillborg and Henry, *History of Medical Psychology*. New York. W. W. Norton & Co. Inc., 1951.

creased, while the uneasiness, fright, and ill-will that they inspired became more and more deeply felt. Laws were passed which deprived them of all civil rights. They were consigned to huge institutions where they could no longer either shock the eyes, or disturb the peace of their sane fellowmen.

In place of self-criticism and renewed investigation of the origin of a problem which from the beginning had been erroneously stated, scientists and governments preferred to bring the whole gamut of defence mechanisms into play. They indulged in the ostrich's game, refusing to look at the nature and importance of such a disaster. They fastened on theories which were both erroneous and over-simplified and confined themselves to therapeutic and ideological defeatism while they prayed for the coming of later discoveries. Noting restricted economic resources, they appealed for the protection of society while they extolled the virtues and qualifications of the personnel to whom the mentally ill's custody and care were entrusted.

Nevertheless, truth was soon to prevail. The mental patients began to recover their lost dignity. To begin with, Charcot made a study of hysteria which enabled him to give conclusive proof that it can either be induced in or dispelled from a patient through suggestion. He thus succeeded in annexing the whole scale of neuroses to the medical field.

Then Freud entered the scene. Having demonstrated that organic therapy was ineffectual, he resorted to hypnosis and suggestion, first as a method of treatment and then as a research technique. He realized that under the effect of hypnotic trance, the patient intensely relived past conflicts, of which he had no conscious remembrance whatsoever. Freud also noted that as a result the patient was relieved of symptoms that had appeared under given circumstances. He further discovered that if free association were substituted for hypnosis and suggestion, the patient, with the therapist's assistance and interpretation, slowly and painfully managed to remind himself of the particular conflict situations as well as motives such as shame, aversion, anxiety or guilt, that had prompted him

to refuse to consciously take such situations and motives into account. Thus, for the first time it became possible to achieve cures that were both less empirical and more lasting. Relieved of a pathological emotional burden, the patient found himself in a position where he could eliminate a struggle that was rooted in an earlier period of his life. By making a more rational use of his personal potentialities, he could also prevent the symptoms from reappearing.

The importance, however, of these first favorable results lay more in the fact that fresh possibilities were opened than in the success of the therapy itself. Freud had perfected a technique and explanatory principles that were well-adapted to the cases in hand. Through his methods, he was able to induce the patient to disclose his true self, past as well as present. Therapist and patient were thus related to one another through contact, communication, and dialectic relationship which happened to be precisely the help the latter needed in order that cure might be initiated. Clinical information thus accumulated, converged in a direction totally unknown until then. From that body of data Freud inferred that conscious life is but the uppermost level of psychic life. Such a thin sheathing masks a whole range of mental representations and affective phenomena which are structured according to principles peculiar to themselves and which have a great deal of influence on conscious life and behavior.

Freud and his followers were thus provided with their own clue as they undertook a systematic survey of the mental labyrinth. A study of symptom formation disclosed that symptoms indicate an unceasing and unrelenting struggle between instinctual propensities and repressive forces which are meant to check them both at the conscious and unconscious level. The function of symptoms is to spare the patient the unbearable effect of anxiety and guilt which would be induced by an eruption in his self-consciousness of unacceptable aggressive or sexual compulsions. The patient spares himself such a strain by partially gratifying both groups of antagonistic forces. Since the contending forces are balanced, such

a compromise appears to be the only course open. There are, therefore, two sides to symptoms: the patient is relieved and punished at one and the same time. However, kinds or types of gratification and punishment vary according to the particular illness: hysteria, obsessional neurosis, depression, or delirium. The patient's particular illness must be explained in relation to the specific form of personality breakdown.

Patient's conversations had already pointed out the direction which research should be taking. The patient spontaneously went back to his childhood, connected his present predicament with difficulties encountered in his early development. His feelings toward the therapist were reminiscent of the feelings he had had for his parents. It soon became clear that neurosis in the adult developed according to a pattern already existing in infantile neurosis, a fact which was not perfectly understood at the time. Complete understanding and cure required an elaborate, precise study of the development of each patient. The sum of these observations to which was added data from investigation of child behavior produced a true theory of personality, which has since been tested and improved as a result of experiments conducted in the course of practical, clinical work.

Research into child behavior led to the conclusion that childhood is far from being the idealized age of sweetness and innocence. Man's offspring is greeted by anxiety from the moment of birth, so much so in fact that Rank was able to speak of birth traumatism.

An infant may be defined as a bundle of compulsions and needs which require instant gratification. Should the mother, whom he cannot as yet distinguish from himself and on whom he is entirely dependent as far as relaxation of tensions is concerned, refuse to meet, or cannot comply with the infant's requests, deficiencies and distortions result which will impair the newborn's biological balance as well as his psycho-emotional development. Needs of an instinctual nature soon centre around a number of the body's regions, called erogenous zones. The

young child, age 6-15 months, does not merely eat to allay his hunger. He lives for food, takes all that he can lay his hands on to his mouth, and enjoys sucking and biting to the utmost. The development of his ego, the nature of his relationships with other people, the evolution of such features of his personality as dependence or self-confidence, optimism or pessimism, generosity or niggardliness, inquisitiveness or listlessness, talkativeness or reserve will all depend greatly on the way in which those needs are acknowledged, frustrated or gratified. Should there be an excess of either frustration or gratification, then the child will settle at that stage of his growth either to protract his pleasure, or to claim it. The importance of other needs as well as pressures from his environment will undoubtedly overcome his resistance and force him to relinquish such an attitude. However, in addition to the fact that it plays a determining part in the structure of the child's personality, oral fixation is also a factor which predisposes him to certain physical and mental diseases such as various types of dyspepsia, gastric ulcers, nervous anorexia and depression. When he finds himself confronted with difficulties that seem insuperable or with responsibilities which he cannot take upon himself, the adult person experiences a sense of inferiority and will unconsciously regress to that stage at which for the first time in his life, he had been either exceedingly frustrated or gratified, in order to find shelter in it or to try to meet an unsatisfied need.

Every single stage that follows thus admits of a physical and psycho-affective, instinctual and normative, sexual and aggressive, progressive and regressive bipolarity; of specific struggles along with their normal or pathological solutions; of special influences on the individual's further development, the shaping of his personality, and adjustment to his environment. Conscious experience, however, confines itself only to those episodes which, in this drama with its hundreds of diversely staged acts, are in agreement with the individual's own system of values. All others are thrown back into the unconscious, where they nonetheless retain their vitality as revealed by abortive

actions, dreams, artistic creations, certain aspects of behavior and the symptomatology of the various psychiatric illnesses.

However significant its contribution to art, philosophy, psychology, education, criminology, sociology, and anthropology, psychoanalytic theory proved to be still more beneficial to medical science and psychiatry. It made short work of all former delusions while it gathered together bits of data amassed by the various schools of thought, putting them into proper context and ordering them into a unified whole. The foundations of medical psychology were then based on solid ground, even though large areas which hosts of investigators are now busy exploring and which they will go on exploring relentlessly, may still be enshrouded in darkness.

It is now known for a fact that physical diseases, and to an even greater extent, psychiatric diseases cannot be boiled down to biological parameters. If it be true that affective factors did take a part in the origin and triggering of an ulcer or of asthma, they must also intervene in the application of treatment. Even if eventually it became possible to show that a cause-to-effect relationship obtained between schizophrenia on the one hand and congenital or acquired disruption of neurohumoral balance on the other, curing the latter would not be enough to restore the patient to health. As a matter of fact, such a bodily injury, if it occurs early in life, affects the entire cycle of psycho-affective development, involving as a result deficiencies, inhibitions, fixations, personality defects, and deviations which it is just as important to cure.

Confining psychiatric illness to psychological and moral categories is no longer warranted. Anxiety, instinct, and the unconscious affect body and soul. Lack of emotional balance may entail physical phenomena as causes as well as in its manifestations and subsequent effects.

Psychoanalytic theory has made it clear that the question in hand amounts to a pseudodilemma. The notion of reciprocal connections between concepts must be substituted for antitheses between the same. The true nature of

psychiatric illness will then be revealed, and equated to failure to cope with life or to adapt oneself, or again to a disturbance in psycho-biological balance, or mental aberration, or else impediment to liberty.

Therapy which claims to be rational and efficient must reach the patient on all such levels. Therapists are no longer short of means for reaching their aim, owing to the development of dynamic psychology, psychopharmacology, psychology, social service, environmental therapy, and occupational therapy. Pathological impairments of an organic nature are corrected immediately or to the extent possible as soon as they are disclosed in the course of physical examination and laboratory tests. Sedatives and tranquilizers restore confidence to the patient, facilitate contacts with the therapist, and promote investigations which henceforth become part and parcel of psychotherapeutic processes. At the same time they soothe anxiety, allay restlessness, regularize sleep and appetite, tone up humor and reduce fits of delirium.

Psychiatrists avoid giving the patient the impression that he is a culprit who must either be exonerated or punished, or that he is a child who should be taken under guardianship and ruled with a rod of iron. Beyond the illness, the therapist respects in the patient his craving for truth and love inadequately gratified as a result of misuse of his resources and insufficient development of his faculties. A patient who is assured of his fellow-men's respect acquires greater self-respect. It then becomes possible for him to assume his share of the reconstruction work; to shed the scales that obscure his sight; to remove difficulties that stand in the way of his liberation.

This is a long and arduous undertaking. A specific psychiatric symptom is a riddle. Its meaning must be determined; the mechanism dismantled and the source revealed. In view of that, conscious and unconscious life, the present and the past, the patient's reactions to the therapist and to hospital environment must be kept in constant relationship to his attitudes at work, in his family, and in the various groups to which he belongs. A search

of that kind allows the patient to appreciate the true nature of his needs: their archaic, primitive character; their stereotyped constitution and their power; the disguises they adopt in order to dupe repressive forces and achieve gratification; the mechanisms used to subdue and debase specifically spiritual values. He achieves realization of the necessity to break free from a repetitive cycle of phenomena that fails to establish true significance; to recognize deficiencies, fixations, and regressions which condition his thoughts and behavior without his knowledge and against his will, and which curtail his creative powers, and prevent him from attaining true understanding of himself and from functioning at maximum efficiency.

While it operates as a quest for lost time, the interview becomes a healing experience which extends throughout the patient's stay in hospital. Actualization of his conflicts enables the patient to trace them back to their source and to discover the meaning of them,

while he takes new bearings according to his ambitions and the demands of his actual situation. Sessions of psychodrama and group therapy become controlled experiments in socialization. Various activities, whereby the patient becomes involved in projects ranging from craftsmanship to entertainment and sports, direct instinctual energies; persuade him to discover unsuspected natural talents. This acts as a spur to his own initiative, and develops his sense of responsibility. Throughout the duration of his treatment, of which his stay in hospital is only one stage, the patient is painfully learning how to use his freedom. The more serious the nature of his illness, the more often he will stumble against the stones that strew his path and the more difficulties he will encounter in reaching his goal. But his struggle gives such eloquent evidence of man's dignity that our profession together with society must put everything into play which is capable of assuring that success will be the reward.

Nurse-Patient Relationships

LORRAINE MADLAND

The importance of the nurse in developing therapeutic relationships with patients.

Developing rapport with a patient has come to mean more than simply the ability to get along with the patient or to extend unlimited kindness, friendliness and sympathetic understanding toward her. Relating therapeutically includes the ability to become aware of the patient's psychological needs, as well as her physical and spiritual needs, and the skill to meet these needs. Various attitudes and actions must be used selectively in helping a patient to overcome her mental illness and to regain, or perhaps to learn and appreciate, those feelings, beliefs and actions which in herself constitute mental health.

This realization of the importance

of the development of relationships with therapeutic value increased my own feelings of insecurity and inadequacy. A general knowledge of the attitudes and actions that should be used in caring for the mentally ill helped to reduce my insecurity somewhat but the inability to use these skills successfully tended to produce feelings of frustration and a general dislike for psychiatric nursing. I was in such a state of discouragement that I determined to make my next rotation a worthwhile experience. Looking back I can recall several disappointments in relation to my performance. However, I feel that these can now be accepted as learning experiences in the development of better nursing care skills. The following is a brief account of the interaction between myself and one female patient.

Miss Madland was a senior student of the Ontario Hospital School of Nursing, Whitby, Ont., when this study was made.

It was my first morning on the ward. After a brief period of orientation, I went into the sitting room to meet some of the patients. After introducing myself to several of the ladies and conversing briefly with them, I approached Mrs. X and the two ladies sitting next to her. Before doing so, I did not take time to observe anything particular about them other than their general appearance and the fact that all three were sitting in silence and appeared to be only casually aware of what was going on about the ward. "Hello. I'm Miss W, a senior student nurse. I'll be working on this ward for a month. I'd like to know your names."

Two of the ladies responded with a smile and told me their names. Mrs. X remained silent. She was looking in my direction but beyond me; her face was unsmiling and sober.

"And what is your name?" I enquired. "I don't remember," was her curt reply.

For a moment I didn't know what to say. Then without further hesitation, I said, "That's fine. Perhaps you'll remember later." Simultaneously, I placed my hand on her arm. Before I touched her, I realized that what I was doing was the wrong thing but before I had time to change my course of action, physical contact was made. Mrs. X withdrew her arm abruptly and, turning her face from me, said, "I will not!" It was plain that she meant what she said! Trying to pretend that her response did not upset me, I said something which I hoped would convey the fact that I still wanted to be her friend. In reality, however, I sounded very sympathetic and my statement could easily have been interpreted as forgiveness for her abruptness. Without saying more, I left, feeling that I had handled this meeting poorly and wondering what I should have said.

In this situation, I was not quite cautious enough in my approach. One moment of conscious observation and thought before speaking to the ladies might have allowed me to detect something in Mrs. X's expression that would have prepared me, to some degree, for her response.

I wanted to make a good impression before the ladies on the ward and, as I spoke to them and felt that I was being accepted by them, my self-confidence increased. It would be beneficial if greater self-confidence could become a permanent part of my personality. With more self-

confidence, I would not be so ready to put up a defense against my feelings of inadequacy. Instead of unconsciously expressing an attitude of forgiveness toward Mrs. X's abruptness, perhaps I could have conveyed what I truly wanted to say: "I'm sorry. I want you to like me; I want to be your friend." I think I hated to admit to her that what I had done was wrong.

The error in my approach occurred when I reached out to touch the patient's arm. Some statement to show that I respected and accepted her wish to withhold her name was in order and might have been accepted had I not been so sympathetic. Sympathy was equivalent to saying "I'm sorry to learn that you are so forgetful!" I had no right whatsoever to touch her in the first place. It was her privilege to repel.

From that time on, Mrs. X remained cold and indifferent towards me. Whenever I entered the room and chanced to look her way, she would deliberately turn her face from me. At times, I felt that she was watching me but she was very careful not to disclose this fact. She never allowed her eyes to meet mine. Whatever I said to her was met with closed lips and utter silence. When I was giving medications, she was very careful to avoid touching me while taking the glass from my hand and she always stepped out of my view while swallowing her pill. Assistance from other staff members was obtained to ensure the medication was taken.

From the other staff members, I learned that she was always cautious and cool towards new staff. They assured me that if I remained cool and distant toward her, I would be accepted as they had been. During the first week, I did not approach Mrs. X again, nor did I deliberately ignore her. My "good mornings" were directed in general to the group of ladies with whom she sat. As far as possible, I avoided singling out for special attention any of the ladies who sat near her. I did not deliberately avoid looking at her, but was careful to avoid giving her any reason to believe I was watching her. By the middle of the second week, she still had not looked directly at me or spoken to me. However, I thought her expression was not as disdainful as it had been.

One morning when she came for her medication, I decided that I would try to

say something to her. "Good morning, Mrs. X." She did not answer but look her pill without stepping away from me. I was very pleased — but too impatient! As she handed the medicine glass back to me, I remarked "It's going to be a lovely day, isn't it?" She glanced up just long enough to allow me to see the hostility build up again, then turned sharply and walked away. I realized immediately the selfishness of my statement. Because of my own insecurity and intense desire to win her approval, I was forcing her to respond to a situation with which she was not able to cope. Needless to say, I was very ashamed and very discouraged, yet I knew that to give up at this point would be accepting defeat without a struggle. My pride would not allow this.

For a time, I was undecided as to what course of action to follow. Other staff agreed that there had been some obvious progress in the relationship between Mrs. X and myself. I dared to hope that this incident had not caused our relationship to regress to the point where it had been two weeks previously. With this in mind, I decided to continue building on our relationship from the point of maturity to which I felt it had grown, being careful, of course, to remain sensitive enough to modify or change my approach if need be. I realized also that it might take some time for Mrs. X to regain her confidence and trust in me.

I began putting my plan into practice by greeting Mrs. X in a personal way each morning. Throughout the day, I occasionally spoke to her in brief statements which did not necessarily demand or require a verbal response. It took almost another week and a half before she was able to allow herself to show any positive response and even then she was not consistent. Some days she would allow her eyes to meet mine; occasionally she smiled. Other days, she seemed as cold and distant as she had been during the first week of our acquaintance. I tried to be consistent in my approach and response to Mrs. X so that she would learn to trust me. When she displayed more positive attitudes toward me, I returned a smile or said a word or two but I was careful not to force myself on her again.

I found it difficult to understand the reasons behind Mrs. X's behavior. However, I realized and respected the fact that there must be some reason, in her opinion,

to warrant her cautious and cool behavior toward strangers. Perhaps there have been people in her life whom she once trusted but who later proved unfaithful or unworthy of trust. Generally, she was pleasant in her relations with other patients and staff members. She seemed to appreciate and enjoy the kindness and attention given to her. Most people need loving and tender relations with others, and Mrs. X, I am sure, was no exception to the rule. To turn away from her rejecting behavior would not have been doing my part to fulfil this need in her life. On the other hand, to force myself upon her, as I did that morning in the medicine room, might have made her feel guilty and more insecure.

Gradually, she was able to accept me in the presence of one or two staff members whom she respected. With others near, possibly for emotional support, she was even able to contribute a verbal response to some of my statements. By the beginning of my fourth week on the ward, Mrs. X was still not approaching me of her own volition. I had not yet posed a question to her that would require an answer.

Two days before I left the ward, Mrs. X brought an envelope to me and asked if I would please give her some tooth powder. Later the same day she asked if I knew if anyone had left a towel for her so that she could wash her hair that evening. I did not know but I assured her that I would see that she got her towel. Before leaving, she told me about her weekly hair washing routine and explained why she did not wash her hair on bath days. I think she had reached the point of being able to trust me sufficiently to test my sincerity and my amiability to meet some of her specific needs in relation to her physical comfort. That she did not trust me completely was shown by her cool manner towards me between and following these brief periods of conversation. This seemed like a defense barrier that she was holding against any possible disappointment in my relationship to her.

The day before I completed my rotation, I casually reminded Mrs. X that the next day would be my last one on that ward. Most of the patients knew that I would be leaving soon and she had been within hearing distance several times when I was talking to others about it. This time, however, I told her where I was going and

mentioned that I would miss all of the friends that I had made since coming to the ward. She made no comment. The next day she did not speak to me but regarded me in her usual cool but somewhat friendly manner. Before I left, I said a few words to her and then bade her goodbye. She said nothing but managed a smile.

Mrs. X did not seem to feel particularly badly about my leaving since she was only beginning to trust me. However, that month through which we struggled together in forming a relationship was beginning to be meaningful to her. I was disappointed that our relationship had to be terminated at this point, for I could not help but wonder to what extent it would have developed, given much more time.

Throughout our nursing experience, emphasis is placed on "total patient care" of which good rapport is a vital element. The establishment of a satisfactory relationship has rarely been a problem between any patient and me. However, the formation of one which can rightly be termed *helping* has been difficult. Through the conscious, step-by-step formation of my relationship with Mrs. X, I feel I received a greater understanding of the way in which a helping relationship can be formed.

Dr. Carl Rogers has described several research studies that have been carried out in relation to human relationships.* Briefly, Dr. Rogers defines a "helping relationship" as

a relationship in which at least one of the parties has the intent of promoting the growth, development, maturity, improved functioning and improved coping with life of the other. The other, in this sense, may be one individual or a group.

The following is a summary of some of the questions which Dr. Rogers

asks himself in regard to creating a helping relationship.

How can I Create a Helping Relationship?

1. Can I be trustworthy, dependable and consistent?

2. Once I become aware of and learn to accept my real feelings, can I be expressive enough so that what I *am* will be clearly communicated to others?

3. Can I allow myself to express positive attitudes toward the other person — attitudes of warmth, caring, liking, interest and respect?

4. Can I be a sturdy respecter of my own feelings, my own needs as well as hers? Am I strong enough in my separateness so that I will not be downcast by her depression, frightened by her fear nor engulfed by her dependency?

5. Am I secure enough within myself to permit her separateness? Can I permit her to be what she is — honest or deceitful, despairing or overconfident? Can I give her the freedom to be independent or do I feel that she should follow my advice and remain somewhat dependent on me?

6. Can I act with sufficient sensitivity in the relationship so that my behavior will not be perceived as a threat?

7. Can I free her from the threat of external evaluation?

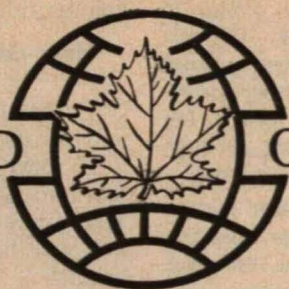
8. Can I meet this individual as a person who is in the process of "becoming" or will I be bound by her and my past?

*Rogers, Carl R. Characteristics of a Helping Relationship — *Canada's Mental Health*, Supplement No. 27.

Mental health relates to the whole spectrum of organized social living. It has to do not only with spotting and treating children with mental health problems in the school, but with the whole fabric of the school itself. It has to do not only with the neurotic and character disorders of adults in the com-

munity, but with their marital, occupational and social needs. Thus the mental health problem of the community . . . will not be resolved successfully by psychiatric planning alone. It will involve careful joint study and planning with many professional disciplines . . . — *More for the Mind*

THE WORLD OF NURSING



PREPARED IN YOUR NATIONAL OFFICE, CANADIAN NURSES' ASSOCIATION,
74 STANLEY AVENUE, OTTAWA

British Nurses Tour Canada

When BOAC Flight 7516 touched down at Montreal International Airport on May 11th, it was the first time that any of its passengers had seen Canadian soil. On board were 133 British nurses who were beginning a 16-day tour of Canadian hospitals and health agencies.

The group, probably the largest party of its kind to travel together on a study tour, was sponsored by *Nursing Mirror*, the Royal College of Nursing and the National Council of Nurses of the United Kingdom.

The purpose of the trip was threefold: To see Canadian problems, to compare solutions to these problems with British solutions, and to meet Canadians. The interests of the group ranged through midwifery, domiciliary and hospital nursing, psychiatric nursing and children's nursing.

In addition to educational visits to Montreal, Ottawa and Toronto, the group also travelled to New York and Washington. In all, they saw 25 hospitals and schools of nursing.

What were their reactions?

We're impressed by the numbers of nurses we see on hospital floors. There's a tremendous air of calmness too — quite different from the hustle and bustle of our hospitals at home.

Canadian nurses don't seem to be on their feet quite as much. In Britain, there's a tradition that a nurse doesn't dare sit down while she's on duty.

Canadian equipment is better and more lavish.

We're amazed at the great distances your public health nurses must travel.

Quebec Nurses Study Labor Relations

Some 800 nurses met in the Queen Elizabeth Hotel in Montreal recently for a two-day institute on labor relations.

Sponsored by the Association of Nurses of the Province of Quebec, the session was the first of its kind to be held in Quebec. It was chaired by three past presidents of the Association, Misses EILEEN C. FLANAGAN, EVE M. MERLEAU and MARGARET M. WHEELER.

The purpose of the institute was to give association members an opportunity to look carefully at the various laws that have implications for nurses and to help them to know where they stand. Said Miss Flanagan,

We want our members to know their relationship with the Quebec College of Physicians and Surgeons, the Hospitals Act and the Hospital Insurance Service Act, and their position under the Labour Relations Act and the Public Services' Dispute Act.

The conference also looked at the whole question of collective bargaining. Speakers were: E. Jacques Courtois, Q.C., Marc Lapointe, Professor of Industrial Relations at McGill University, and John H. Crispo, Assistant Professor of Industrial Relations, University of Toronto.

First Eskimo Graduate Nurse

The first Eskimo girl to graduate from a professional nursing school in Canada received her diploma at the May graduating exercises of the Winnipeg General Hospital.

MABEL POKIAK, 23, who was sent

to Winnipeg from the Northwest Territories by the Federal Northern Affairs Department, hopes to encourage young girls in the north to follow suit. For the present she plans to gain practical experience in pediatrics and obstetrics by working for a year in the general hospital.

Miss Pokiak was educated at the Roman Catholic Mission School at Akalavik and took her grade 12 at an Indian-Eskimo school at Yellowknife, N.W.T., where she mixed for the first time with people of other religions. Her home town is Tuktoyaktuk, a settlement in the Mackenzie River delta, where she plans to return to use her skills to aid her people.

CNA Executive Director in West Indies

At the request of WHO, Dr. HELEN MUSSALLEM spent six weeks in the Caribbean area where she acted as consultant in a survey of nursing schools and practice areas. She left Canada July 4 to join Miss NITA BARROW of Jamaica, director of the survey.

The survey is the first step in an endeavor to meet the nursing needs of the countries in the Caribbean area. Wide variation in nurses' training exists there and it is felt that the establishment of a standard is required to ensure adequate training for student nurses and through it improved nursing care for all countries within the area.

International Visitors

Recent international visitors to National Office included: MRS. GERTIE

GUNERATNE of Ceylon, on a WHO Fellowship at the University of Toronto; Miss DOREEN V. HAYWARD of England, on a study scholarship in the U.S.A. and Canada; Miss ELIZABETH WEST of England, on a British Commonwealth Nurses' War Memorial Fund scholarship to the U.S.A. and Canada; and Miss DORIS POON of Hong Kong on an observation study tour of the U.S.A. and Canada.

A First

When Miss E. A. ELECTA MACLENNAN, director of the School of Nursing, Dalhousie University, addressed the recent graduating class of 34 at St. Martha's Hospital school of nursing, Antigonish, she was the first woman to have done so in fifty years. Miss MacLennan, who chose as her theme "A Goodly Heritage," is immediate past president of the Canadian Nurses' Association.

Nursing Education — Retrospect and Prospect

This was the topic of Dr. Helen Mussallem's address to the Third Canadian Advanced Institute for Hospital Administrators in Toronto recently.

One of 15 speakers at the four-day meeting sponsored by the American College of Hospital Administrators, Dr. Mussallem also took part in a panel presentation with Donald S. Forster, Associate Professor of Economics at the University of Toronto; Max B. Wallace, General Superintendent of the Toronto Western Hospital and Mrs. H. Flanagan, R.N., Toronto Western Hospital.

Film Available

"Mrs. Reynolds Needs A Nurse," a film produced by Robert Anderson Associates Limited of Ottawa for Smith Kline & French, won the Certificate of Merit in the training and instruction category in the recent Canadian Film Awards competition for 1964.

Using a dramatized hospital situation, this 38-minute, black and white film deals with the relationship between a young nurse and a "problem" patient. It shows how professional nursing care should meet both the physical and emotional needs of patients. It

emphasizes the nurse's responsibility to recognize the emotional problems of patients, and to help solve them. The film was praised in particular for its "skilful use of the hospital environment in presenting an approach to a common psychological problem."

A French-language version of the film, "On Demande Une Infirmière," has also been produced. Both English and French-language versions can be obtained from the Medical Film Centre, Smith Kline & French, 300 Laurentian Blvd., Montreal.

A Visit to the Middle East

JUNE FERGUSON

Nurses from the Middle East, the United States, France and Belgium heard the CNA executive director's views on nursing education when they met recently in Beirut.



DR. MUSSALLEM *discussing nursing education at the American University of Beirut.*

Dr. Helen Mussallem, who was in Lebanon making a four-week survey of nursing schools for WHO, was guest speaker at the Second Middle East Nurses' Assembly. She told the more than 600 delegates at the American University of Beirut that nurses and the services they provide are the backbone of the health care of any country. "Without their services in the hospital and the community, the best conceived plan cannot be achieved, but it is the inescapable responsibility of the nursing profession to maintain

its services at the highest possible level of competence and effectiveness." She said that around the world nurses are working diligently to improve their practice and recapture their important role in society and she believed that this could be achieved, in part, through better education of nursing practitioners.

Speaks on Trends

Pointing out that trends in nursing education vary from country to country, Dr. Mussallem noted that in the Western World probably the strongest trends are in the area of curriculum development.

Educational experimentation and research over the years has shifted the emphasis from the "how" to the "how and why" in caring for patients. The trend toward integrating theory and practice into a meaningful whole has developed. Instead of offering a curriculum based on the treatment of specific diseases, the pattern is to assist the student to identify and solve patient-centred problems. Now more than ever, the need for nurses to understand the social sciences is recognized and appropriate courses are offered in basic programs.

Added to the belief that nursing is more of a social than a health science, she said, is the realization that nurses must be well educated women. Students need to have a good background of general education if they are to be competent to cope with the theoretical and practical aspects of a program that will prepare them to be good practitioners. Those charged with the education of students should be specially qualified.



DR. HELEN MUSSALLEM executive director of the Canadian Nurses' Association, being greeted by His Excellency, the Minister of Health of Lebanon, DR. MOHAMMAD KNEIO.

Dr. Mussalleem pointed out that there is an increasing trend toward the establishment of schools of nursing under the jurisdiction of institutions whose primary purpose is education. A school of nursing has a moral obligation to provide a sound educational program that will assist in the preparation of practitioners to meet the needs of society. It also has a commitment to the public to prepare practitioners who will be competent in their performance.

Although hospitals have played an important part in developing programs for nurses and will continue to play a very necessary role in providing clinical practice, such service agencies should not continue to control the program. The best conceived educational programs in this setting can and do suffer when the service needs of patients must be met.

Problems

The executive director explained why there are problems in establishing and maintaining standards in nursing education.

There is conflict in the philosophy or

beliefs about what good nursing education is and how students should learn. If we believe that nursing students require a soundly conceived and executed educational program then it will be costly in human and financial resources, though research reveals that it is less costly in the end to society when the student is a student in fact and not in name only.

She said that nursing, if it is to be a "genuine" profession must be characterized by several factors, one of which is control over the pattern of educating future colleagues. To do this nursing must agree on the direction it should take and speak out loudly and clearly as a unified force. Nurses should have a notion of the boundaries of nursing — what it is and what it is not. They must have a continuing and implemented interest in being the master of its educational patterns and have a concern with research and graduate education.

The medical profession will continue to be in a position of great responsibility in health care, but the old image of nurses as devoted aides must give way to new images.

Nursing Profiles

In 1952, **Helen M. King** established a precedent by becoming the first graduate of the Vancouver General Hospital to assume the role of its director of nursing. English-born, Miss King came to Canada



(Atlas Studios, Vancouver)

HELEN KING

as a very young woman. Following her graduation from VGH, she worked as a staff nurse in hospitals in Tranquille and Williams Lake, B.C. but returned to her Alma Mater as head nurse of the maternity unit. Postgraduate study at Mc Gill University intervened and having secured preparation in teaching and supervision, Miss King returned to the maternity division as clinical instructor. Two years later she was appointed assistant director of nursing.

The years since she assumed her duties as director of nursing have brought many changes to her hospital and her school. Her interest in the welfare of the student nurses has been outstanding. Student delegates to the CNA Biennial in Vancouver in 1962 retain warm memories of a very delightful meal shared with their colleagues in VGH and hosted by Miss King. Now, as she retires from the post that she has filled over these past 12 years, friends and colleagues will join in a heartfelt wish for her future happiness.

Continuing the precedent set by Miss King, another VGH graduate, **Mary L. Richmond**, will assume the responsibilities of director of nursing of her home hospital, leaving the faculty of the McGill University School for Graduate Nurses in order to do so. The duties will be familiar ones since she has had considerable administrative experience in the past as director of nursing of Royal Jubilee Hospital, Victoria. In addition she has served extensively in the field of nursing education as an instructor at VGH, as educational director of the school of nursing, R.J.H. and, most recently, as a university faculty member.



(Chevrans Studio)

MARY RICHMOND

Miss Richmond obtained her Bachelor of Nursing degree from McGill and later studied at Teachers College, Columbia University, from which she obtained her M.A. in 1956 with a major in nursing service administration. She has taken an active part in professional association activities at national and provincial levels, serving as a regional visitor and member of the Board of Review during the Pilot Project; as chairman of the CNA Committee on Nursing Education 1962-64. Vancouver-born she undoubtedly will welcome the return to her favorite province and, in

turn, will be welcomed warmly into a position to which she has much to contribute.

Florence Mary Fleming joins the staff of RNABC in September as educational secretary after 11 years as an instructor at Vancouver General Hospital. American-born, Miss Fleming obtained her Bachelor of Arts from the University of Alberta and her teaching certificate for the same province in the following year. She is a graduate of VGH and has had special preparation in nursing administration at the University of Toronto. Her past experience has been varied and includes staff nursing as a young graduate, followed by adminis-

trative duties as matron of Atlin Hospital, B.C. In 1941 she returned to VGH for a brief period of staff nursing which was succeeded by a year as instructor in Women's College Hospital, Toronto. In 1943 she returned once more to VGH, this time to a supervisory position which she relinquished nine years later in order to take on the duties of an instructor.

Miss Fleming has taken an active interest in the affairs of her provincial association over the years, serving as honorary secretary; chairman of the Committee on Employment Relations; treasurer and president of the Vancouver Chapter. Her new duties will permit her to contribute in an even more vital way to the work of the RNABC.

NAMES IN THE NEWS

A gold plaque in honor of "dedicated nursing service" was presented to **Mrs. Muriel (Payne) Ragland** by the Democratic Club of Daytona, Florida in April 1964. A graduate of Royal Victoria Hospital, Montreal, class of '24, Mrs. Ragland has lived in Daytona for many years and is in charge of the Orthopedic Ward of Halifax Hospital, Daytona Beach . . . **Mrs. F. S.**

Osborne, a nurse in Charlottetown, P.E.I. was named State University of Iowa Representative Mother of 1964 in recognition of the many philanthropic and civic projects which she has spearheaded. These have included organization of clothing drives for the needy, Girl Guide activities for girls in isolated areas and for the handicapped; emergency volunteer nursing.

In Memoriam

Margaret Moag, district director of the Greater Montreal Branch of the Victorian Order of Nurses for 23 years, died in Smiths Falls, Ontario earlier this year. She had retired from the V.O.N. in 1945.

Miss Moag was a graduate of Kingston General Hospital and had taken post-graduate work at Western Reserve University, Cleveland, Ohio. She served overseas during World War I with CAMC and, among other assignments, was attached to No. 3 Canadian General Hospital in France. After demobilization in 1919, she joined the Department of Soldiers' Civil Re-establishment and remained until she came to Montreal.

* * *

Mother Mary Ignatius, a well-known figure in the field of hospital administration both in the Atlantic provinces and Canada as a whole, died in Antigonish,



MOTHER MARY IGNATIUS

N.S. on May 10, 1964. She was a 1916 graduate of St. Martha's School of Nursing, Antigonish and had entered the congregation of the Sisters of Martha of Antigonish in 1910 — 10 years after its founding.

Mother Ignatius received the George Findlay Stephens Award from the Canadian Hospital Association in 1956 in recognition of her contribution in the hospital field. She was the first woman, first member of a religious congregation and the first person from the Atlantic provinces to be so honored. In 1957, she was appointed to the Hospital Services Planning Commission of Nova Scotia — the body that eventually formed the province's Hospital Insurance Commission. In that same year she was awarded honorary life membership in the Maritime Hospital Association, which she had helped to organize in 1929. She was one of the prime organizers of Nova Scotia's Blue Cross Plan in 1942 and for a number of years served on the Canadian Hospital Council.

* * *

Catherine J. (Clarke) Andrews, Cottage Hospital, Pembroke, Ont. '30.

Rose H. Baker, Public General Hospital, Chatham, Ont. '31.

Anne (Norris) Beaubien, St. John's Hospital, Kingston '26.

Ann Brasseur, Hannah Dunnigan, Carmel Murphy '26, St. Vincent de Paul Hospital, Brockville, Ont.

Lillian Mary Chamberlain '34, Theresa (Dermody) Peckham '49, Sister M. Gerard Moran '15, Helen Weishar '49, St. Joseph's Hospital, Hamilton, Ont.

Maude (Chapman) Collings '20, Olive O'Neil '16, Kingston General Hospital, Ont.

Jeanne Paule Côté, Hôpital général de la Miséricorde, Montreal.

Albertine Courville, Hôpital Notre-Dame, Montreal, '21.

Ella (Hood) Fraser, Brandon General Hospital, Man. '25.

Mary Gavin, St. Mary's General Hospital, Lewiston, Maine, U.S.A. '14.

Christina M. (Rummery) Graham, St. Joseph's Hospital, Port Arthur, Ont. '29.

Dorothy Mae (Graham) Hagarty, Stratford General Hospital, Stratford, Ont. '29.

Paulene Agnes (Banks) Hicks, Halifax Infirmary, N.S. '37.

Mary Frederick (Egan) Hughes, St. Paul's Hospital, Vancouver '40.

Alice (Symons) Kerby, Holy Cross Hospital, Calgary '29.

Joan Valerie (Williams) Kruithof, Greys Hospital, Pietermaritzburg, South Africa '55.

Mary MacGregor MacDougall, St. Luke's Hospital, New York.

Mary Beryl Conway (Edwards) MacInnis, Chester Royal Infirmary, Chester, England.

Olive Mackay, Montreal General Hospital, Montreal '06.

Jean McCash Fleming Moore, Vancouver General Hospital, B.C., '46.

Margaret E. (Carpenter) Pillidge, Calgary General Hospital, Alta. '31.

Sister Jeannette Marcoux, St. Joseph Hospital, La Tuque, Que. '30.

Sister Mary Rose of Lima, St. Mary's Hospital, Montreal '48.

Elizabeth Soutzo, Red Cross Nursing School, Military Hospital, Bucharest, Roumania '13.

Marjorie H. Swaine, Auburn Street Hospital, Cambridge, Mass.

Nellie Williams, Victoria Hospital, Prince Albert, Sask. '27.

Janet S. Williston, Leonard Morse Hospital, Natick, Mass. '20.

UNDERWATER SWIMMING — BREATHING TIP

Don't do rapid breathing just before diving under, cautions anesthesiologist Dr. Anna P. Dumitru. That's hyperventilation and explains why experienced swimmers sometimes black out under water and drown. Hyperventilation blows off carbon dioxide from the body and causes constriction of the brain arteries. This reduces the blood

flow and oxygen to the brain. Muscles can go into "oxygen debt," but the brain can't. Her advice is well taken: When you're under water, exhale a little at intervals. This releases the carbon dioxide and also lets you know when to surface: when the air is gone.

— Squibb Nurses' Notes

IN A CAPSULE

NURSING THE DYING PATIENT

The inevitableness of dying and death can never become commonplace, and should, therefore, never be contemplated nor dealt with in a commonplace manner.... In nursing, the circumstances of dying and death are ignored and denied when they should be most illuminated. For this reason, the nursing student's first contact with death is often fraught with fear, distress, and an overwhelming feeling of inadequacy. Such feelings are never quite resolved and often deteriorate into a callous exterior....

A nurse faces two responsibilities when her patient is dying. She must give life measures — including emotional support — to the patient as long as possible; she must reassure, understand, and, in a sense, share the grief of those who love the patient. Before she can do justice to either, she needs to resolve her own feelings. Her spiritual convictions may need support; her sense of failure must be alleviated; her reservoir of emotional strength should be replenished. In such restoration, the instructor plays a major role. Her immediate commission is often simply to *be there*; the total experience should be *talked about* at the earliest opportunity; in the long run, care of the dying and facing the fact of death itself should be a vital part of the nursing program....

The intense emotional arena in which death takes place does not disregard the fact that it should, above all, be an event surrounded by dignity and the remnants of health. The nurse can be skilled in providing such an aura for both the patient and those who love him — because of, not in spite of, her own convictions.

—Editorial, *Nursing Outlook*, 12:23, Jan. 1964.

VARICOSE VEINS

Do varicose veins recur following stripping operations? Varicose veins should not recur if the underlying cause of the varicose condition is removed; a vein that has been removed by stripping cannot recur, but if

the underlying cause still remains, other veins may become varicose. Small recurrent veins can be obliterated by injections of sclerosing fluid. Segments of such veins may be blocked, especially if an "empty vein technique" is used. If recurrences are large, the surgeon tries to demonstrate communications with the deep veins. These occur at fairly well defined sites and can be demonstrated by various tourniquet tests. If the symptoms warrant, these communicating veins may be tied at the same time as the recurrent veins are removed. Other veins should not arise if the superficial and deep venous systems are properly separated.

— *Nursing Mirror*, 117:290a, Dec. 1963

A STUDENT'S HEROISM

All who know and are associated with Miss Sharon Cameron, an intermediate nursing student at the Prince County Hospital School of Nursing, Summerside, Prince Edward Island, felt both happy and proud when she was invited to Government House in Halifax, to receive an award presented by the Governor General of Nova Scotia. The citation read:

The Most Venerable Order of the Hospital of St. John of Jerusalem. Priory of Canada.

This certificate is awarded to:

MISS SHARON CAMERON

Who, by means of a knowledge of practical first aid and the prompt administering of artificial respiration following a quarter mile swim to the scene of the accident, successfully restored the breathing of a woman pulled unconscious into a boat from the waters of Northumberland Strait, Nova Scotia, on 27 July, 1963.

Sharon was spending a few days with her parents at their cottage near Amherst. While on the beach, she noticed the confusion and realized an accident had happened. She had recently completed her first aid course and proved by her application of skill and knowledge the value of this instruction to all. — Prince County Hospital School of Nursing Year Book.

THE CHRISTIAN NURSE'S ROLE

MARGUERITE E. SCHUMACHER

It's fine to have a hospital chaplain and the local minister, but it is the nurse who comes when the call button is pushed.

In a south-western Ontario hospital, a young unmarried mother, Helen X, found in a student nurse the help she desperately needed. She was frightened and remorseful, and the knowledge that she could not care for the baby herself filled her with despair. The night nurse uncorked all this agony of spirit; then she pointed her to the love of God and urged her to try again.

When Helen was discharged, the nurse wrote to her. Several weeks later she received a reply. "Thank you for what you've done for me. When I think of you (and I often do), I remember that God loves me as you said. I've found a job and I'm starting again. With His help, I know I can do better."

Helen was lucky. Few nurses would have been equal to her needs, but the profession is becoming aware of its responsibilities for such situations. It recognizes that there is more involved in this ministry than picking up the phone to invite a pastor to visit or to report that someone wants to take communion.

No matter how complex the services offered by a modern hospital, with physio- and occupational therapist, psychologist, social worker, and chaplain added to the original doctor-nurse team, the girl in the white cap is still the vital cog. Today she is being asked to add a new dimension to her service — spiritual comfort and perception.

Reprinted, with permission, from *The United Church Observer*, January 15, 1963.

Miss Schumacher, who is president of the Alberta Association of Registered Nurses, is on the staff of the University of Alberta as adviser to the province's 12 schools of nursing, and a member of Edmonton Presbytery's hospital chaplaincy committee.

Everyone concedes the tremendous scientific strides made in medical treatment over the last decades, but there is a growing uneasiness that in the process something has been lost — a genuine concern for the true worth and dignity of every person. We have erred in fragmenting man. The ill have spiritual needs equally important with their physical and emotional needs. Recognizing this, we are attempting to see them as whole human beings, realizing that a man's spirit may affect his body, that his interior strength (or lack of it) may be a real factor in recovery or in decline.

This is not a new idea; rather it is the re-discovery of an old one. We had forgotten that the care of the sick was originally in the hands of early Christians. It was the natural outgrowth of their belief in God. Dedication was at the core of their existence, the reason for their service. With the contemporary attempt of the hospital to care for the patient on more than the physical level, the Christian nurse is coming into her own.

Hospital personnel welcome chaplains, but in Alberta there are 103 hospitals and only three have such a staff member full-time. This is hardly an adequate answer to the deep and urgent needs of the ill.

If not the hospital chaplain, who then? The local clergy? Yes, of course, and we are grateful for the unfailing support of these men and women, but this is only a marginal portion of their work, and it gets, therefore, a small part of their time. The solution must be found elsewhere — in the nurse. It is she who is there 24 hours a day. Often, it is she who detects the fluctuations of the patient's emotions. Frequently, it is to the nurse that the patient or his family speak about pain, life, and death.

Accordingly, in some hospitals across Canada, panel discussions and lectures are being given to students. In the Provincial Mental Hospital at Ponoka, Alta., both the Anglican minister and the local priest attended all the classes given to students on psychiatric nursing. Now, they sit in with each new class of students to discuss with them how a nurse can assist in meeting the spiritual needs of the ill.

This is fine, as far as it goes, but a growing number of nursing instructors feel their undergraduates will be extremely limited in this area unless they have come to grips with spiritual issues personally. A nurse must come to some decision herself about the purpose of life, the meaning of pain and death, before she can effectively help anyone else. Spiritual problems and comfort cannot be solved or administered by a chemical formula or a hypodermic injection. For a girl just entering womanhood the question, "Why did this happen to me?" asked by an agonized patient, is sometimes almost more than she can bear.

One attempt to help both nurses and undergraduates add their resources of faith is found in Nurses Christian Fellowship groups established in 75 Canadian hospitals. Actually NCF, as it is called, is part of a larger organization, Inter-Varsity Christian Fellowship, an international and interdenominational movement active in high schools and universities. Miss M. Long, one of its staff secretaries, states the purpose of NCF this way:

Believing that there is a third dimension to life, the spiritual, NCF seeks to challenge the student and graduate to investigate and arrive at a personal conclusion concerning the historical figure in the Christian faith — Jesus Christ.

The group member is encouraged to examine and grapple with issues which hitherto she has accepted without question. In this atmosphere her faith takes on a new meaning, and relates itself to all sections of life. Guest lecturers, small Bible study groups, discussions, even social events, are some of the methods used to help coordinate her thinking. Best of all probably is the weekend camp.

In 1960, the first year of such an experiment in Alberta, 50 nurses met

at Pioneer Ranch Camp on Crimson Lake. The next year the number doubled. In 1962 it tripled, and at least 40 more were turned away because of insufficient accommodation.

It is a weekend of study, contemplation and outdoor activity. Riding, hiking, canoeing, archery, fill the lighter moments, but these are not what bring nurses. It is the serious business: classes on psychiatry and religion; sessions for instructors on counselling; and group Bible study.

Lectures by psychiatrist

Last year, Dr. Keith Yonge, an eminent Christian psychiatrist, gave the lectures. He pointed out that peace must begin with the person. "We are at the brink of man's destruction because we have not made sufficient progress in understanding ourselves and the meaning of life." Dr. Yonge pointed to the need for maturity and quoted the last prayer of Christ to illustrate what was meant by spiritual maturity — experiencing complete intimacy with God. Campers went home with something to share.

New dimension

In another hospital, a woman had come in for an examination after abdominal pain; x-rays produced the diagnosis — advanced cancer. The nurse, on her evening rounds, dreaded entering the ward. What was there to say; how could she help in such a situation; give the psychic support the patient needed?

Entering quietly and fearfully she noticed the patient's well-worn Bible on the table. It gave her an idea. Picking it up she asked, "Shall I read to you?" "Yes," said the sick woman, "the 91st Psalm, please."

As the nurse neared the end, the patient joined in herself, "... he shall cover thee with his feathers and under his wings shalt thou trust." In that hour she and the young undergraduate shared the fellowship of Christian love, and trust.

This is the new nursing dimension, possible only to those who are "rooted and grounded in faith."

About Books

The Growth and Development of the Prematurely Born Infant by C. Drillien, M.D., D.C.H. 376 pages. E. & S. Livingstone Ltd., London. 1964.
Reviewed by Miss Joy Calkin, lecturer, School of Nursing, University of New Brunswick, Fredericton, N.B.

The author presents the results of a long-term, continuing study of full-term and prematurely born infants. The data for the study are based on visits of decreasing frequency to the homes of children in the 1-5 age group, and on records of Edinburgh schools in the 5-7 age group. It is aimed at assessing and comparing all possible factors in the growth and development of the premature child and the mature control. These factors include: physical development; the amount of sickness and health in the 1-5 age group; the pattern of maternal care with environmental factors; mental development and behavior patterns in the preschool and school age periods. A comparison of the premature of less than three pounds and the heavier premature is given. Twins of different weights receive attention as well.

The low losses from the survey groups allow a complete study to be made and at least limited conclusions to be drawn. Some of these conclusions support the accepted theories of the effect of such factors as poor maternal care on growth and development. Others, such as the supposed increase in the child's security through breast feeding, would challenge our assumptions.

Numerous references are drawn from similar studies in Europe and North America.

This study would appear to be of benefit in assessing objectively the effect of prematurity of birth on all phases of a child's development. The facts given are useful tools in ascertaining the "best possible care" for the growing premature. The book would be useful in any nursing school library or hospital as a reference source in this field.

Expectant Motherhood by Nicholson J. Eastman, M.D. Ed. 4. 210 pages. Little, Brown and Co., Toronto. 1963.
Reviewed by Miss Joan Houthuesen, University of Ottawa, Ottawa, Ont.

This edition should receive wide acclaim

from the specialist in obstetrics, the busy general practitioner, and countless expectant mothers, especially the primipara. It amply fulfils the author's hope that, as verbal instructions are likely to be forgotten, the book should serve as a sort of "stenographic recapitulation of the doctor's main instructions." Women today often want more information about the "whys" and "wherefores" of prenatal care. This text supplies the answers to their questions.

I would have liked to have seen Dr. Eastman give some recognition to the role of the husband and future father. His encouragement and moral support is of supreme value at this time. Apart from this omission the book provides excellent advice to the expectant mother. Dr. Eastman is to be congratulated for providing such compact information.

Foundations of Anatomy and Physiology by Janet S. Ross, R.G.N., R.F.N. and Kathleen J. Wilson, B.Sc., R.G.N., S.C.M. 451 pages. The Macmillan Company of Canada Limited, 70 Bond Street, Toronto. 1963.

Reviewed by Sister Clare Marie, Director of the Degree Program, St. Martha's Hospital, Antigonish, N.S.

It was the intention of the authors to present anatomy and physiology in as simple a form as possible in this book. This objective has been achieved. Material, which in many books on this topic is presented in a very complex fashion, is here detailed with the utmost simplicity and clarity.

The sections on the muscular and nervous systems are particularly well done. Ordinarily, these two topics present a great deal of difficulty for the beginning student. The diagrams are exceptionally useful as teaching aids. The majority are in color. In many instances they far surpass in simplicity and meaningfulness the usual diagrams found in anatomy and physiology texts.

The book is highly recommended as a text for first year students and is especially recommended to instructors who are beginners in the art of teaching anatomy and physiology.

Human Relations in Practical Nursing by Crow and Crow. 309 pages. Collier-Macmillan Canada Ltd., Galt, Ont. 1963. Reviewed by Miss Jean C. Dunning, Dir. Central School for Nurses' Assistants, Charlottetown, P.E.I.

The objective of the authors appears to have been to provide a textbook for the pupil practical nurse or nursing assistant. Due to the time factor of the courses given for this group, I feel that it has too much detail to be used as a textbook for one specific subject. Much of the content could be, and usually is, integrated in different subjects in order to explain the "why" of nursing, and is more meaningful when presented in this way. As an example, factors discussed in "Personal and Social Adjustments," are covered by psychiatric nursing; "Nursing Different Age-group Patients" is included in such subjects as mother and child, pediatric nursing, geriatrics, etc.

I believe, however, that the text would be a definite asset to any nursing assistant school library for selected reference reading, especially in the study of vocational relationships. "Significant Life Values," "Religious and Spiritual Values" and "Study Suggestions" are just a few of the topics that have impressed me as profitable reference reading for the pupil nursing assistant. For the instructor, this text is an excellent reference in preparation of lectures.

I would recommend this book as one for reference purposes rather than as a textbook, and I suggest that it would be a valuable addition to the library of any school for nursing assistants.

Group Psychotherapy in Nursing Practice by Shirley W. Armstrong, B.S., M.S., R.N. and Sheila Rouslin, B.S., M.S., R.N. 170 pages. London: Collier-Macmillan Limited, 1963.

Reviewed by Mr. Leslie Havers, Peterborough Civic Hospital, Peterborough, Ont.

A small elite among psychiatric nurses is now invited to join the ranks of those psychiatrists, psychologists and social workers who offer patients intensive group psychotherapy.

The book discusses the qualifications for nurses doing group psychotherapy; group processes; the basic precepts and purposes of intensive group psychotherapy; problems in the organization of group psychotherapy in the large public mental hospital.

The central ambiguity surrounding this book arises in attempting to reconcile the high academic and professional qualifica-

tions quoted by the authors as necessary for nurses undertaking intensive group psychotherapy, with the elementary nature of much of the text. For the experienced Canadian psychiatric nurse, there will be little that is new in the content. It contains so much that is basic to the everyday practice of nursing with groups of patients.

Compendium of Pharmaceutical Specialties (Canada) edited by F. N. Hughes, Dean, Faculty of Pharmacy, University of Toronto. The Canadian Pharmaceutical Association, Inc., 221 Victoria Street, Toronto 2. 2nd ed. 1963.

This text is a revision of the first edition and its four supplements. It is of particular value and interest to Canadian readers since the products listed are those which were available on our market as of April 30, 1963. They are discussed under the trade names in use in Canada.

Monographs contain the usual information concerning content, indications for usage, method of administration, side effects, contraindications, etc. Several useful indexes have been incorporated — a Manufacturers' Index lists the names of each company's products; a Therapeutic Index lists products according to category of action in the body and an index of "Non-Proprietary Names for Prescription Drugs Available in Canada" helps to reduce the confusion arising from the multiplicity of drugs and differing nomenclature since the proprietary names used by different companies for different dosage forms of the same drug are indicated along with the manufacturer's name.

This is a very useful reference text. It would have particular value as part of the ward library where it would be a ready source of information for nurse and doctor alike.

Province of Saskatchewan Aged and Long-Term Illness Report as prepared by the Survey Committee. Queen's Printer, Regina, Sask. 1963.

The steps leading up to the initiation of a detailed study of the condition of the aged in Saskatchewan can perhaps be best described by the following statements from the *Report and Recommendations*:

The spotlight was focused upon the pioneers in the Golden Jubilee year of 1955. For the first time a few people began to consider seriously what was happening to the aged and aging citizens of Saskatchewan. This does not

mean to imply that help had not been given to aged citizens, but that action had been sporadic. Planning was needed.

The full report is composed of four documents:

1. *Report and Recommendations;*
2. *Survey of Employers;*
3. *Information and Opinion Survey of Senior Citizens;*
4. *Survey of Patient, Aged 65 and Over, in Mental Hospitals, Tuberculosis Sanatoria, Geriatric Centres, and Nursing Homes.*

As its title indicates, the first document listed above contains extensive recommendations pertaining to: economics, housing, health and welfare, education, leisure-time activities, the church and individual needs as they relate to the aging or the aged in particular.

The other three documents contain supplemental information which was useful to the Survey Committee in reaching conclusions and preparing recommendations. These reports would have considerable value for individuals or agencies interested in the general welfare of an aging popu-

lation. The data presented is richly varied and informative.

Concerned that the potential good to be accomplished through the work initiated by the project should not be lost, The Survey Committee recommended the establishment of an Institute on Aging. One of the final sections of the *Report and Recommendations* is devoted to a detailed consideration of how such an organization should be set up and the way in which it might function.

New Drug Reported

The near completion of human tests on a new drug designed to stimulate breathing has been reported at Williamsburg, Va.

The drug is so potent that a drop of it on a new-born infant's tongue will start that baby's breathing.

Other tests have shown that it speeds up the rate the body processes alcohol in the bloodstream. This activity could make it valuable in treating acute alcoholism.

— *News and Views*, 1:3

Canadian Pharmaceutical Assoc.

LIBRARIAN

REQUIRED FOR

CANADIAN NURSES' ASSOCIATION

QUALIFICATIONS:

A graduate of an accredited school of library science with experience in the organization, management and services of a reference or research library.

DUTIES:

To organize and develop a specialized library on the nursing profession and related subjects and provide reference and other information services for professional and editorial staff of the Canadian Nurses' Association. The organization of an Archives is expected to follow. To represent the interests of the Canadian Nurses' Association in library and bibliographic circles.

BENEFITS:

Pension plan, annual vacation of 22 working days, participating medical care plan and other benefits.

APPLICATIONS:

Further information and forms will be sent on request to the Executive Director, Canadian Nurses' Association, 74 Stanley Avenue, Ottawa 2, Ontario.

EMPLOYMENT OPPORTUNITIES

ADVERTISING RATES

Canada and Bermuda:

\$7.50 for 3 lines or less; \$1.50 for each additional line

U.S.A. and Foreign:

\$10.00 for 3 lines or less; \$3.00 for each additional line

Rates for display advertisements on request

All advertisements published in both English and French issue. Closing date for insertion or cancellation orders, TWO MONTHS prior to date of publication.

The Canadian Nurses' Association has not yet reviewed the personnel policies of the hospitals and agencies advertising in the Journal. For authentic information, prospective applicants should apply to the Registered Nurses' Association of the Province in which they are interested in working.

Address correspondence to:

THE CANADIAN NURSE JOURNAL

1522 SHERBROOKE STREET WEST, MONTREAL 25, QUEBEC

ALBERTA

Head Nurses for Medical Psychiatric and Intensive Care Units. A postgraduate course and/or at least 3-yr. experience in related service is desirable. Salary commensurate with qualifications and experience. Positions also available in a variety of services for **R.N.'s for Gen. Duty and For C.N. Aides.** Salary scale: Gen. Duty Nurses: \$315 - \$375; C.N. Aides: \$210 - \$250. Apply to: Assistant Personnel Director, Room 1409, Royal Alexandra Hospital, Edmonton, Alberta. 1-33-9

Matron and General Nurses (2) for small General Hospital near Cold Lake Air Base. Good transportation to Edmonton. Minimum salary: \$315. AARN policies. Apply: Matron, Duclos Hospital, Bonnyville, Alberta 1-10-3

REGISTERED NURSES for new 70-bed hospital. Basic salary \$340; shift differentials; credit for past experience. Active in-service staff education program. Liberal policies include opportunity for professional advancement. Apply: Administrator, Providence Hospital, High Prairie, Alberta. 1-45-1

Registered Nurses (immediately) for 64-bed active treatment hospital. Salary \$315/m with yearly increments. Experience recognized. Shift differentials. Situated on main highway between Waterton Parks and Calgary. For further information apply to: Director of Nursing Service, St. Vincent's Hospital, Pincher Creek, Alberta. 1-71-1

Registered Nurses (2) for 38-bed and 9 bassinette active treatment hospital in progressive town on paved highway 80 miles S.E. of Edmonton. Basic salary \$340 with three annual \$15 increments. Full maintenance \$30/m. Full salary recognition of previous experience. Excellent personnel policies and working conditions. Apply to: Director of Nursing, Viking Municipal Hospital, Viking, Alberta. 1-91-1

Registered Nurses (2) and Operating Room Nurse (1) for new active 30-bed hospital located 20 miles from Edmonton on Jasper highway. Room and board in modern nurses' home at \$35/m. AARN personnel policies. Basic salary \$315 with credit for experience. Apply to: Director of Nurses, Municipal Hospital, Stony Plain, Alberta. 1-99-1

Registered Nurses for General Duty in active 21-bed hospital. Salary \$315 to \$360 per month depending on years of experience. M.S.I. and pension plan. 21 days vacation per year plus nine statutory holidays. For further particulars apply to: Director of Nursing, Berwyn Municipal Hospital, Berwyn, Alberta. 1-8-1

General Duty Nurses for modern 60-bed fully accredited hospital situated 70 mi. northwest of Edmonton. Good personnel policies. Residence accommodation. For further particulars apply to: Administrator, St. Joseph's Hospital, Barrhead, Alberta. 1-3-1

General Duty Nurses for well-equipped 76-bed hospital in active town of 3,000. Salary \$315-\$360 for Alberta registered; \$305-\$350 for non-Alberta registered. New separate residence, excellent personnel policies and working conditions. Apply to: Director of Nursing, Brooks General Hospital, Brooks, Alberta. 1-13-1

General Duty Nurses. Starting salary: \$315 per mo., 40 hr. work wk. Room, board & laundry available, if desired, at nominal rates. Civil Service holiday, sick leave & pension benefits. Apply to: Baker Memorial Sanatorium, Dept. of Public Health, Calgary, Alberta. 1-14-3

General Duty Nurses (2) for modern 25-bed hospital on Highway No. 12. Salary range \$340 to \$385. New staff residence. Full maintenance \$35, personnel policies include Blue Cross, M.S.I. and pension plans. 21 days' vacation per year, plus statutory holidays. Apply to the: Director of Nurses, Municipal Hospital, Coronation, Alberta. 1-25-1

General Duty Nurse for active 27-bed hospital. Modern industrial town 16 miles from Jasper Park on Mainline C.N.R. Interest in operating room an asset. Salary as per AARN recommendation. Full board in modern residence \$35. monthly. Apply: Director of Nursing, Hinton Municipal Hospital, Hinton, Alberta. 1-47-1A

General Duty Nurses (2 immediately) for modern 35-bed hospital on Highway 2, 20 miles South of Edmonton. Basic salary \$315. with three annual increments. New staff residence. Full maintenance \$35., personnel policies include Blue Cross, M.S.I. 21 days' vacation per year, plus statutory holidays. Apply to: Director of Nurses, Municipal Hospital, Leduc, Alberta. 1-56-1

General Duty Nurses (2) for 34-bed General Hospital. Salary \$315-\$360/m commencing at \$330 with 1 year practical experience. Full maintenance at \$35/m. Train fare from any point in Canada will be refunded after 1 year employment. Apply to: Municipal Hospital, Two Hills, Alberta. Phone 335. 1-88-1

Graduate Nurses. Salary: \$315 to \$360/m. 5 day, 40-hr. wk., 31 days paid vacation after 12 mo. continuous employment, also generous sick time and pension benefits. For further particulars please apply to: M. Hawkes, R.N., Superintendent of Nurses, Municipal Hospital, Drumheller, Alberta. 1-31-2

Nurse required for sub-office Fairher, Alberta starting early July. Generalized public health nursing program. Salary with public health qualifications \$4,356 - \$5,478 per annum — without public health qualifications \$3,828 - \$4,752. Car provided. Applications to Medical Officer of Health, Peace River Health Unit No. 21, Peace River, Alberta. 1-69-2

NURSES fully qualified for 30-bed active treatment hospital. New hospital building and recently renovated nurses' residence. Unless definitely interested in coming, please do not apply. Personnel policies sent upon request. Apply to: Mrs. M. Hislop, Superintendent, General Hospital, Bassano, Alberta. 1-5-1

BRITISH COLUMBIA

Operating Room Head Nurse (Experienced, June 1st) with postgraduate course for modern accredited 82-bed hospital. Salary: \$381-\$460 according to experience plus RNABC allowance for postgraduate course. Accommodation available, 10 statutory holidays, 4-wk. vacation, superannuation and medical plan coverage. Apply: Director of Nursing, General Hospital, Kitimat, British Columbia. 2-36-1A

HEAD NURSE for small, active psychiatric unit in a General Hospital, associated with district Mental Health Clinic. University preparation desirable. Position open August first. For further information apply to: Director of Nursing, Kelowna General Hospital, Kelowna, British Columbia. 2-34-1

Registered or Graduate General Duty Nurses for active 25-bed hospital. Salary B.C. registered \$320 to start; unregistered \$305. RNABC personnel policies in effect, nurses' residence available. Apply: Administrator, Lady Minto Hospital, Ashcroft, British Columbia. 2-4-1

Registered Nurses or Graduate Nurses for 75-bed hospital opened in September 1962. Salary B.C. registered nurse \$332-\$404; salary non-registered nurse \$317, RNABC policies in effect. Very active town in Cariboo Ranching country. Apply: Director of Nursing, Cariboo Memorial Hospital, Williams Lake, British Columbia. 2-80-1

General Duty Nurses for active 30-bed hospital. RNABC policies and schedules in effect, also Northern allowance. Accommodations available in residence. Apply: Director of Nursing, General Hospital, Fort Nelson, British Columbia. 2-23-1

General Duty Nurse before September 1, for active 26-bed hospital situated in the heart of the Rocky Mountains, 90-mi. from Banff and Lake Louise, only 12-mi. from Radium and Fairmont Hot Springs. Personnel policies in accordance with RNABC. Hospital is well equipped and fully staffed. Superannuation and medical benefits. Accommodation available in attractive nurses' residence. For further information apply: Director of Nursing, Windermere District Hospital, INVERMERE, British Columbia. 2-31-1

GENERAL DUTY NURSES with B.C. registration for active 200-bed General Hospital with School of Nursing. Large expansion program under way. Personnel policies, including salary, in accordance with RNABC contract for 1964. Apply to: Director of Nursing, Royal Inland Hospital, Kamloops, British Columbia. 2-32-1

General Duty Nurses for 110-bed hospital in northwestern B.C. Salary—B.C. registered \$347-\$419; non-registered \$332. Newly furnished residence with T.V. Good social activities, including bowling, curling, tennis and year-round swimming. Full personnel benefits including travel allowance. Apply to: Director of Nursing, General Hospital, Prince Rupert, British Columbia. 2-58-2

General Duty Nurses for well-equipped 80-bed General Hospital in beautiful inland valley adjacent Lake KATHLYN and Hudson Bay Glacier. Initial salary \$347, maintenance \$60, 40-hr. 5-day wk., 4-wk. vacation. Boating, fishing, swimming, golfing, curling, skating, skiing. Comfortable nurses' residence, rail fare advanced if necessary. Apply: Sacred Heart Hospital, Smithers, British Columbia. 2-73-13

General Duty and experienced Operating Room Nurses for 50-bed active hospital in northwestern B.C. 1964 salaries: B.C. Registered, \$347, Non-Registered, \$332. RNABC personnel policies in effect. Planned rotation. New residence, room and board: \$50/m. T.V. and good social activities. Write: Director of Nursing, Box 1297, Terrace, British Columbia. 2-70-2

General Duty and O.R. Nurses with postgraduate course or equivalent experience required for 146-bed General Hospital. Personnel policies in accordance with RNABC. Apply: Director of Nursing, General Hospital, Chilliwack, British Columbia. 2-13-1

NURSING WITH

Medical Services Directorate



REGISTERED HOSPITAL NURSES PUBLIC HEALTH NURSES and CERTIFIED AUXILIARY NURSES

**For service to Indians across Canada, Eskimos and the
population of the Yukon and Northwest Territories**

Those interested in positions at the following locations should write to:
Fisher River Hospital, HODGSON, MAN.; Miller Bay Hospital, PRINCE
RUPERT, B.C.; Moose Factory Hospital, MOOSE FACTORY, ONT.; Norway
House Hospital, NORWAY HOUSE, MAN.; Sioux Lookout Indian Hospital,
SIOUX LOOKOUT, ONT.; Nanaimo Indian Hospital, NANAIMO, B.C.

Information on these and other positions is available from Medical
Services Directorate, Department of National Health and Welfare, in
Vancouver, Edmonton, Regina, Winnipeg, Ottawa and Quebec, or from the

DIRECTOR, PERSONNEL SERVICES

DEPARTMENT OF NATIONAL HEALTH AND WELFARE, OTTAWA

General Duty Nurses for new 30-bed hospital located in excellent recreational area. Salary and personnel policies in accordance with RNABC. Comfortable Nurses' home. Apply: Director of Nursing, Boundary Hospital, Grand Forks, British Columbia. 2-27-2

General Duty, Obstetrical and Operating Room Nurses for 69-bed hospital. B.C. registered \$332-\$366, non-registered \$317. RNABC policies in effect. Write giving particulars of age, training and experience with names for reference to: Director of Nursing, M.S.A. General Hospital, Abbotsford, British Columbia. 2-1-1

General Duty, Operating Room and Experienced Obstetrical Nurses for 434-bed hospital with school of nursing. Salary: \$332-\$404. Credit for past experience and postgraduate training. 40-hr. wk. Statutory holidays. Annual increments; cumulative sick leave; pension plan; 28-days annual vacation; B.C. registration required. Apply: Director of Nursing, Royal Columbian Hospital, New Westminster, British Columbia. 2-73-13

Graduate Nurses for 60-bed modern hospital in resort area on Vancouver Island. R.N. basic rate \$332/m with yearly increments according to RNABC personnel policies. Enquiries: Director of Nursing, Campbell River & District General Hospital, Campbell River, British Columbia. 2-9-1

Graduate Nurses for new 63-bed accredited hospital, 25 miles East of Vancouver in Fraser Valley. RNABC contract in effect. Apply: Director of Nursing, Maple Ridge Hospital, Haney, British Columbia. 2-28-1

Graduate Nurse for 50-bed acute accredited hospital. Must be eligible for B.C. registration. Salary and benefits to RNABC schedule. Starting salary \$332-\$366 per month depending on experience. Tourist area, skiing, etc. Apply to: Administrator, Kimberley & District Hospital, Kimberley, British Columbia. 2-35-1

Graduate Nurses for 20-bed hospital, 35 miles from Vancouver, B.C., on coast. Salary and personnel practices in accord with RNABC. Accommodation available. Apply: Director of Nursing, General Hospital, Squamish, British Columbia. 2-68-1

Graduate Nurses and Certified Nursing Assistants for 70-bed acute General Hospital on Pacific Coast. Salary for Graduates in accordance with RNABC scale with credit for experience; Nursing Assistants \$214-\$246. Board and room \$25/m; 4-wk. vacation after 1-yr. Superannuation and medical plans. Apply: Director of Nursing, St. George's Hospital, Alert Bay, British Columbia. 2-2-1

Graduate Nurse for general duties (1) in small hospital in southern B.C. Pleasant working conditions and ideal outdoor recreational facilities available. Salary \$332/m, room, board and laundry \$40/m; 10 paid statutory holidays per year, 28 days vacation after one year's service, superannuation and sick leave benefits. Apply giving full particulars to: Administrator, Slokan Community Hospital, New Denver, British Columbia. 2-48-1

Operating Room, Obs. and General Duty Nurses for modern 450-bed hospital with a school of nursing RNABC policies in effect. Salary \$332/m. Credit for past experience and postgraduate training. 40-hr. wk., 10 statutory holidays, Annual increments, cumulative sick leave, pension plan, 28-day annual vacation. B.C. registration required. For particulars write to: Director of Nursing Service, St. Joseph's Hospital, Victoria, Vancouver Island, British Columbia. 2-76-5

MANITOBA

SUPERVISORS, Surgical and Pediatric ward, for 100-bed hospital 50 miles from Winnipeg on Trans Canada Highway. Good personnel policies in effect. Residence accommodation if desired. Preference given for special preparation. Direct inquiries to: Director of Nursing, General Hospital, Portage La Prairie, Manitoba. 3-45-1A

Registered Nurses (2) required for 17-bed general hospital near Brandon, Manitoba. Starting salary \$330, 40-hr. wk. 3-wk. vacation after 1 year of service, 10 statutory holidays. For further information please apply to: Mrs. H. Fletcher, Matron, Boissevain, Morton & Minto Memorial Hospital, Box 899, Boissevain, Manitoba. 3-11-1

Registered Nurse to act as Matron in a small hospital, salary \$400/m with increments every six mo. Maintenance provided for \$45/m. 40-hr. wk., 3-wk. annual vacation, good personnel policies and benefits. Apply to: Mrs. D. G. Reynolds, Sec.-Treas., Hartney, Manitoba. 3-31-1

Registered and Practical Nurses (immediately) for 18-bed hospital at Vita, Man., 70-mi. from Winnipeg. Starting salary, R.N. \$330 - L.P.N. \$225, with allowance for experience. Daily bus service. 40-hr. wk., full maintenance available for \$50/m. Apply to: Matron, District Hospital, Vita, Manitoba. 3-68-1

General Duty Registered Nurses for 62-bed general hospital situated in progressive community with good recreational facilities and residence accommodation. Salary range \$310 - \$360. Allowance for experience. 40-hr. wk. with usual vacation, sick leave and other benefits. For further information contact Mrs. E. R. Baudin, Director of Nurses, Swan River Hospital, Swan River, Manitoba. 3-62-2

NEWFOUNDLAND

Head Nurses (2) and General Duty Nurses (3) for a new 40-bed hospital, operated under the United Church of Canada. For information apply to: Nurse-in-charge, Baie Verte Hospital, Baie Verte, Newfoundland. 5-14-1

NOVA SCOTIA

Registered Nurses for 21-bed hospital in pleasant community — Eastern Shore of Nova Scotia. Apply: Superintendent, Eastern Shore Memorial Hospital, Sheet Harbour, Nova Scotia. 6-32-1

General Duty Nurses for modern 35-bed hospital situated on beautiful South Shore. Good personnel policies. Excellent living quarters. Apply: Superintendent, Fishermen's Memorial Hospital, Lunenburg, Nova Scotia. 6-21-1

ONTARIO

DIRECTOR OF NURSING EDUCATION for 215-bed accredited hospital — 100 students — University preparation and experience required, degree preferred. Good personnel policies, position available June, 1965. Apply to: Administrator, Royal Victoria Hospital, Barrie, Ontario. 7-8-2

Assistant Operating Room Supervisor for active area; salary in accordance with educational preparation and experience; apply to: Director of Nursing, The Doctors Hospital, 45 Brunswick Avenue, Toronto 4, Ontario. 7-133-9A

TO: Registered Nurses

FROM: Director of Nursing

Ours is a progressive Psychiatric Ward in a Pediatric Hospital setting, with 14 patients ages 4 to 16 — blending a variety of Psychiatric conditions.

The nurse, in a warm homelike setting "lives" with the child through daily activities, participating with him in seasonal sports and community events. Close association with the Social Worker, Occupational Therapist, Psychiatrists, Teachers and Nursing coworkers, provides learning opportunities and guidance for the creative nurse to develop skill in helping the child establish meaningful relationships.

ARE YOU INTERESTED?

Send your application to:

**THE DIRECTOR OF NURSING
MONTREAL CHILDREN'S HOSPITAL
2300 Tupper Street, Montreal 25, Que.**

Obstetrical Nursing Supervisor for 325-bed, fully accredited, General Hospital located in central area of city; salary in accordance with educational preparation and experience; apply to: Director of Nursing, The Doctors Hospital, 45 Brunswick Avenue, Toronto 4, Ontario. 7-139-9-B

Head Nurse — (Pediatrics) for 30-bed modern unit; hospital located in central area of city; salary in accordance with educational preparation and experience; apply to: Director of Nursing, The Doctors Hospital, 45 Brunswick Avenue, Toronto 4, Ontario. 7-139-9-C

Head Nurse for 20-bed Pediatric Unit in a 109-bed hospital. Postgraduate course in Pediatrics required. Apply to: Director of Nursing Service, St. Vincent de Paul Hospital, Brockville, Ontario. 7-18-3

Registered Nurses for modern 166-bed General Hospital. Interesting general duty positions open in all areas. Starting salary (1964): \$330/m., 37½-hr. work wk. Congenial atmosphere, excellent fringe benefits and personnel policies. Limited residence accommodation available. For further particulars write: Director of Nursing, Memorial Hospital, Bowmanville, Ontario. 7-14-1

Registered Nurses for new 65-bed hospital. Resort area. Salary range: \$315/m. Up-to-date personnel policies. Apply: Director of Nurses, South Muskoka Memorial Hospital, Bracebridge, Ontario. 7-15-1

Registered Nurses for Surgical, Medical, Pediatric, Obstetrical, Departments and Operating Room, required by 100-bed General Hospital, situated in Northern Ontario. Starting salary \$360, annual increments, good personnel policies, including 40 hours per week. O.H.A. pension plan and group life insurance, O.H.S.C. and P.S.I. plans in effect. Accommodation available in residence if desired. For further particulars apply to: Director of Nurses, Lady Minto Hospital, Cochrane, Ontario. 7-30-1

Registered Nurses applications are invited for Delivery Room and General Duty. Basic salary is \$330/m. with credit for experience. Residence available. For further information write to: Director of Nursing, Dryden District General Hospital, Dryden, Ontario. 7-36-1A

Registered Nurses for 34-bed hospital, min. salary \$350/m. — max. of \$450 in five years, 3-wk. vacation with pay sick leave after 6-mo. service. **All Staff** — 5 day 40-hr. wk., 9 statutory holidays, pension plan & other benefits. Apply to: Superintendent, Englehart & District Hospital, Englehart, Ontario. 7-40-1

Registered Nurses for 25-bed hospital. Minimum salary: \$350 with allowance for experience. **Registered Nursing Assistants**, minimum salary: \$250 with allowance for experience. Excellent fringe benefits. Board and room available in residence: \$45/m. Apply to: Mrs. G. Gordon, Superintendent, Nipigon District Memorial Hospital, 98 Churchill St., Nipigon, Ontario. 7-87-1

Registered Nurses, Certified Nursing Assistants (IMMEDIATELY) for 40-bed hospital in pleasant town of 5,000, 42-hr. wk. with good rotation shifts, providing long weekends every 4 wks. Good salaries and personnel policies. For further details and application, apply: Administrator, General Hospital, Espanola, Ontario. 7-41-1

Registered Nurses and Certified Nursing Assistants for 160-bed accredited hospital. Starting salary \$350 and \$240 respectively with regular annual increments for both. Excellent personnel policies. Residence accommodation available. Apply to: Director of Nursing, Kirkland & District Hospital, Kirkland Lake, Ontario. 7-67-1

Registered Nurses and Certified Nursing Assistants for immediate and future vacancies in this 42-bed hospital. Starting salaries \$335 and \$225, respectively. Accommodation in new residence available. Usual fringe benefits. For full information, apply to: Director of Nursing, New Liskeard and District Hospital, New Liskeard, Ontario. 7-83-1

Registered Nurses for General Duty in well-equipped 28-bed hospital, located in growing gold mining and tourist area, north of Kenora, Ontario. Modern residence with individual rooms; room, board and uniform laundry only \$45. 40-hr. wk., no split shift, cumulative sick time, 8 statutory holidays and 28 day paid vacation after one year. Salary range \$350 - \$375. Apply to: Matron, Margaret Cochenour Memorial Hospital, Cochenour, Ontario. 7-29-1

Registered Nurses for General Duty in small sized General Hospital located 30-mi. from Ottawa. Good personnel policies. Apply: Superintendent, District Hospital, Kemptville, Ontario. 7-63-1

Registered Nurses for General Duty & Operating Room in modern hospital (opened in 1956). Situated in the Nickel Capital of the world, pop. 80,000 people. Salary: \$335 per mo., with annual merit increments, plus annual bonus plan, 40-hr. wk. Recognition for experience. Good personnel policies. Assistance with transportation can be arranged. Apply: Director of Nursing, Memorial Hospital, Sudbury, Ontario. 7-127-4

Registered or Graduate Nurses for modern 100-bed hospital located in summer resort district, 40-mi. from Ottawa. Apply: Director of Nursing, Public Hospital, Smiths Falls, Ontario. 7-120-2

General Duty Nurses for 66-bed General Hospital. Starting salary: \$335/m. Excellent personnel policies, pension plan, life insurance, etc., residence accommodation. Only 10 min. from downtown Buffalo. Apply: Director of Nursing, Douglas Memorial Hospital, Fort Erie, Ontario. 7-45-1

General Duty Nurses for modern 100-bed hospital. Registered Nurses \$325-\$355/m, Graduates \$285-\$325/m, 40-hr. wk., benefits include accident, sickness and life insurance, hospital and medical insurance plans, & OHA Pension Plan. Apply: Miss Tillett, Director of Nursing, Leamington District Memorial Hospital, Leamington, Ontario. 7-69-1

General Duty Nurses for 100-bed modern hospital, southwestern Ontario, 32 mi. from London. Salary commensurate with experience & ability; \$325/m basic salary. Pension plan. Apply giving full particulars to: The Director of Nurses, District Memorial Hospital, Tillsonburg, Ontario. 7-131-1

THE HOSPITAL FOR SICK CHILDREN



YOU RECEIVE THE ADVANTAGES OF:

- ★ FIVE-WEEK ORIENTATION PROGRAM FOR NEW STAFF
- ★ ONGOING INSERVICE EDUCATION FOR NURSES
- ★ EXTENSIVE STUDENT EDUCATION PROGRAM
- ★ RESEARCH INSTITUTE

APPLICATION FOR GENERAL DUTY POSITIONS INVITED

For information contact:

THE DIRECTOR OF NURSING

555 UNIVERSITY AVENUE, TORONTO, CANADA

General Duty Nurses for 325-bed fully accredited General Hospital located in downtown area of city. Planned orientation program. Progressive personnel policies. Apply to: The Director of Nursing, The Doctors Hospital, 45 Brunswick Avenue, Toronto 4, Ontario. 7-133-9

General Duty Nurses & Certified Nursing Assistants for new 50-bed hospital with modern equipment, 40-hr. wk., 8 statutory holidays, excellent personnel policies & opportunity for advancement. Tourist town on Georgian Bay. Good bus connections to Toronto. Apply to: Director of Nurses, General Hospital, Meaford, Ontario. 7-79-1

Operating Room Nurses (2) for this 150-bed hospital. Salary scales as applicable in Ontario. Recognition for experience. All conventional benefits available. Apply giving details of training and experience to: The Director of Nursing, The College Hospital, Pembroke, Ontario. 7-98-1

Public Health Nurses (qualified) generalized program. Salary RNAO recommendations, \$4,200 - \$5,250, transportation allowance \$65 per working month, 1 mo. vacation, O.M.E.R.S. pension plan, O.H.S.C. and Windsor Medical Services available, uniform allowance. Apply to: Dr. Ian Cunningham, Director, Kent County Health Unit, 21-7th Street, Chatham, Ontario. 7-28-4

Public Health Nurse — (qualified). Salary schedule September 1, 1964, \$4,150 - \$5,150. Annual increment \$200. Car provided or car allowance. Apply to: Dr. Charlotte M. Horner, Director, Northumberland-Durham Health Unit, Box 337, Cobourg, Ontario. 7-28-4

Public Health Nurses (Qualified) for generalized program, by Stormont, Dundas and Glengarry Health Unit located in the Seaway Valley area. Minimum salary \$4,000. Annual increment. Allowance for experience 5-day wk. Employer-shared (50-50) group insurance, portable OMERS pension plan, Ontario Hospital Insurance and P.S.I. coverage (medical, surgical and obstetrical plan). 3-wk. vacation, cumulative sick leave credits, one-half paid as bonus upon leaving after 3-yr. service. Generous car allowance. Reply in writing to: Dr. John A. Thomson, Medical Officer of Health, Box 1058, Cornwall, Ontario. 7-34-5

Public Health Nurses looking for interesting, varied and different duty with the accent on responsibility. Write Dr. P. Playfair, Director, Northwestern Health Unit, Box 250, Kenora, Ontario. 7-64-3

PUBLIC HEALTH NURSES: 1965 salary range \$4,500 — \$5,500, generalized program, good personnel policies. Apply: Dr. A. F. Bull, Halton County Health Unit, Milton, Ontario. 7-81-2

Public Health Nurses (Qualified). Salary range \$4,300 - \$5,300, required in a generalized program in rural and semi-urban area adjacent to Metropolitan Toronto. Excellent working conditions including pension plan, group insurance, and transportation arrangements. Write: Dr. R. M. King, York County Health Unit, 64 Bayview Avenue, Newmarket, Ontario. 7-84-2

Public Health Nurse for urban-rural Health Unit located in Ottawa area. Details of salary, working conditions, etc., supplied on request. Apply to: Dr. L. H. Douglas, Director, Gloucester - Nepean Health Unit, 1683 Merivale Road, Ottawa 5, Ontario. 7-93-19

PUBLIC HEALTH NURSES: Salary \$4,000 to \$5,000, annual increment \$200, allowance for experience. Hospital Plan, P.S.I., Pension Plan, sick leave, 4-wk. vacation, generous car allowance. Nurse will reside in a city of 46,000 population. Apply: Dr. W. C. MacPherson, Director, Port Arthur and District Health Unit, 93 Balsam Street, Port Arthur, Ontario. 7-106-3

Public Health Nurse (qualified - Catholic). Minimum salary: \$4,236. Annual increments. 5-day wk., 4-wk. vacation; \$100 uniform allowance; pension; P.S.I. Apply: Director, St. Elizabeth Visiting Nurses' Association, 99 Gloucester Street, Toronto 5, Ontario. Telephone: 925-8907. 7-133-60

Public Health Nurses, (qualified), for Oxford Health Unit. Generalized program. Good personnel policies. Salary range and personnel policies on request. Apply to: Supervisor of Public Health Nursing, Oxford Health Unit, Woodstock, Ontario. 7-147-4

STAFF NURSES FOR 220-BED ACCREDITED HOSPITAL with School of Nursing. Salary \$325. Preference for any particular service given every consideration. Post-Basic Certificates recognized. Usual personnel benefits, plus proximity to Ottawa, Montreal and Northern New York State. Apply: Assistant Director of Nursing (Service), General Hospital, Cornwall, Ontario. 7-34-1

BERMUDA

Registered Nurses for General Staff. Salary commences at £55-0-0 per mo. Full maintenance in new residence. Transportation allowance. For full particulars, apply: Matron, King Edward VII Memorial Hospital, Bermuda. 13-1-1A

QUEBEC

Assistant Head Nurses and Certified Nursing Assistants for 60-bed children's orthopedic hospital. Excellent personnel policies. Apply: Miss Flora M. Lamont, Reg.N., Administrator, Shriners Hospital for Crippled Children, 1529 Cedar Avenue, Montreal 25, Quebec. 9-47-42

Registered Nurses for 30-bed General Hospital, 50 mi. from Centre of Montreal. Excellent bus service. Starting salary: \$325/m. Salary increases as recommended by ANPQ. 40-hr. wk. Annual vacation, statutory holidays, 2-wk. sick leave, Blue Cross paid, living accommodation available. Apply: Mrs. D. Hawley, R.N., County Hospital, Huntingdon, Que. 9-29-1

Registered Nurses and Certified Nursing Assistants for 115-bed hospital for tuberculosis and other chest diseases. Situated in the heart of the Laurentian Mountains, 55-mi. north of Montreal. Apply: Director of Nursing, Box 1000, Ste Agathe des Monts, Quebec. 9-57-1

THE HENDERSON GENERAL HOSPITAL

invites applications for the following positions

NURSING SERVICE SUPERVISORS

GENERAL STAFF NURSES

REGISTERED NURSING ASSISTANTS

These are all new positions in a large, modern hospital to be completed December 1964. Opportunities are available in all nursing areas including :

10 NEW OPERATING ROOMS

INTENSIVE CARE UNIT

RECOVERY ROOM

Excellent personnel policies, orientation program for new staff and in-service educational program.

Please Apply To :

Director of Nursing

HENDERSON GENERAL HOSPITAL

Hamilton, Ontario, Canada

QUEBEC

Operating Room Nurses for 56-bed accredited General Hospital, 38 miles from Montreal. Salary range \$355-\$385/m. Excellent working conditions, 5 day week, 4 weeks vacation after one year's service. Living accommodation available in modern motel type residence complete with out-door swimming pool. Apply to: Mrs. M. Fearn, Director of Nursing, Barrie Memorial Hospital, Ormstown, Quebec. 9-52-1B

SASKATCHEWAN

ASSOCIATE DIRECTOR OF NURSING for modern 160-bed, fully accredited hospital. Suite available in the nurses' residence. Previous nursing administrative experience desirable. Salary commensurate with qualifications and experience. Apply giving full particulars to: Director of Nursing, Swift Current Union Hospital, Swift Current, Saskatchewan. 10-122-1

(A) **Associate Director of Nursing Education.** (B) **Two Medical-Surgical Instructors.** (C) **Registered Nurses for Pediatrics.** Experience recognized. Salary range in accordance with Saskatchewan Hospital Association recommendations. Prince Albert, Saskatchewan. The Gateway to vacation land. Apply to: Director of Nursing, VICTORIA UNION HOSPITAL, Prince Albert, Saskatchewan. 10-103-2

Registered Nurses for the Riverdale Memorial Union Hospital at Turtleford, Sask. Salary as recommended by SRNA. Excellent personnel policies in effect, nurses' residence located near the hospital, board and room available. The R. Memorial Union Hospital is a 20-bed hospital, modern throughout, good equipment and facilities, a further addition and a large renovation program has been approved. The hospital has two Doctors on staff, a clinic is situated near the hospital providing services such as Dentist, Physiotherapy, Optometrist, etc. Turtleford is a modern village situated 50-mi. from North Battleford with daily bus service to N.B. and Saskatoon. Surrounded by a number of resorts. Please apply to: Sec.-Manager, R.M. Union Hospital, Turtleford, Saskatchewan. 10-125-1

Registered Nurses (2) for the Wolseley Memorial Union Hospital. Salary \$325 - \$385. New Modern nurses' residence near hospital. Board and room \$40/m. 21-bed hospital in modern town on No. 1 highway 65 miles East of Regina, Sask. Allowance made for experience. Apply to: R. Lyle Craven, Sec.-Manager, Wolseley, Saskatchewan. 10-139-1

Registered Nurses for Nursing Service and Nursing Education for 150-bed, accredited new hospital. SRNA personnel policies. Apply to: Director of Nursing, Holy Family Hospital, Prince Albert, Saskatchewan. 10-103-1

Registered Nurses for general duty (2), for an active 21-bed hospital. Duties to commence as soon as possible. Two Doctors on medical staff. Salary range \$325 - \$415. 40-hr. wk. plus statutory holidays. Pension plan, established personnel policies. Progressive town of 2,000. Daily bus service to Saskatoon, Regina, Yorkton and Winnipeg. Apply to: Director of Nursing, Union Hospital, Wynyard, Saskatchewan. 10-140-1

Registered or Graduate Nurse for holiday relief, (immediately), or permanent employment, if desired. Salary according to experience. Address applications and enquiries to: Matron, Union Hospital, Neudorf, Saskatchewan. 10-90-1

Graduate Nurses for all departments. Opportunities exist for advancement to head nurse or supervisor. Modern 160-bed, fully accredited hospital. Accommodation available, at nominal charge, in modern nurses' residence situated in landscaped grounds with tennis courts and skating rink. S.H.A. scale of salaries. Commencing salary, however, will be determined according to qualifications and previous experience. Applications to be forwarded to: Director of Nursing, Swift Current Union Hospital, Swift Current, Saskatchewan. 10-122-1A

U.S.A.

Registered Nurses for modern 374-bed General Hospital on the beautiful, warm Peninsula yet only 20-min. from the heart of cosmopolitan San Francisco. Openings in all nursing services including operating room, emergency room, and I.C.U. Excellent personnel policies, many extra benefits and opportunities for advancement. Telephone collect. OXford 7-4061 or write: Director of Personnel, Peninsula Hospital, 1783 El Camino Real, Burlingame, California. 15-5-20

Registered Nurses. Career satisfaction, interest and professional growth unlimited in modern, JCAH accredited 254-bed hospital. Located in one of California's finest areas, recreational, educational and cultural advantages are yours as well as wonderful year-round climate. If this combination is what you're looking for, contact us now! Staff Nurse entrance salary \$395 with automatic increase to \$455 per mo., supervisory positions at increased rate. Special area and liberal shift differentials paid. Excellent benefits including Blue Cross hospitalization and surgical coverage and liberal personnel policies. Professional staff appointments available in all clinical areas to those eligible for California licensure. Write today: Director of Nursing, Eden Hospital, 20103 Lake Chabot Road, Castro Valley, California. 15-5-12

Registered Nurses for 80-bed County Hospital in Imperial Valley, California. Salary range \$395 - \$489. Liberal fringes, advancement and educational facilities. Ideal climate. Nurses' quarters and meals provided for \$30/m. For information or application contact: Personnel Director, County of Imperial, Courthouse, El Centro, California. 15-5-21

Registered Nurses for a new 60-bed Children's Hospital operated by Sisters of St. Joseph in Orange, California. California license required. Excellent salary and benefits. Write: Personnel Office, St. Joseph Hospital, Orange, California. 15-5-56

REGISTERED NURSES: One of California's finest voluntary hospitals is now able to offer excellent employment opportunities in a number of occupational specialties. Starting salaries — General Duty: \$430/m, days: \$455 P.M.'s and nights. Differentials for operating room, psychiatry, delivery room, intensive care, recovery room, and I.V. therapy. Top benefits and working conditions. For further details and information about California registration write: Personnel Department, Sutter Community Hospitals, 2820 "L" Street, Sacramento, California, 95816. 15-5-43



at...

COOK COUNTY HOSPITAL

*Your Experience will cover a wide
range of skills*

Because of its vast size, great resources and varied teaching program, Cook County Hospital administers to patients with all kinds of illnesses and disabilities. No matter what phase of nursing you may select as your field of professional interest, you will be a part of exciting medical advances.

MAIL THIS COUPON FOR INFORMATION
PERSONNEL MANAGER Box 429

Cook County School of Nursing

1900 West Polk Street, Chicago 12, Illinois



NAME _____

STREET _____

CITY _____ STATE _____

STAFF NURSES START AT . . . \$420.00/Mo.

Registered Nurses for private 278-bed hospital for men, women and children. Staff Nurse salaries from \$400-\$465, differentials for evenings and nights. Opportunities in all clinical areas. Holidays, vacations, sick leave, life insurance and health insurance. California registration required. Applications and details furnished on request. Contact: Personnel Director, Children's Hospital, 3700 California Street, San Francisco 18, California. 15-5-4

Registered Nurses for 233-bed modern hospital. Positions available — All services, no shift rotation. Liberal benefits, advancement opportunities, educational opportunities in area, equal opportunity employer. Apply: Director of Nursing Service, Kaiser Foundation, San Francisco 15, California. 15-5-7

Registered Nurses, Staff and Supervisory. All departments, shifts. Three year old hospital in Southern California near beach, mountain resorts, Disneyland. Refundable relocation costs. Also laboratory personnel. Martin Luther Hospital, Anaheim, California. 15-5-7

Registered Nurses, Staff Nurses for permanent positions, various departments, days, eves., nights. Excellent starting salary, increments, benefits and working conditions in one of the largest and finest general hospitals in the West. For details write: Personnel Department, Queen of Angels Hospital, 2301 Bellevue Avenue, Los Angeles 26, California. 15-5-38

Registered Nurses General Duty for 230-bed approved teaching hospital, resort city. Starting salary \$395 per mo. plus \$22.50 shift differential, provision for housing allowance. Apply: Director of Nursing, Cottage Hospital, Santa Barbara, California. 15-5-39

General Duty Nurses — Salary range \$403 - \$490, allowance for experience. Nurses' residence \$20/m. General Hospital with employment under a Civil Service System. Mild climate encourages various sporting and recreational activity. Easy driving distance to major tourist attractions. Write: Personnel Department, Courthouse, Ventura, California. 15-5-33

Staff Nurses for 300-bed County Hospital. Attractive personnel policies plus differential for specialties, afternoon and night duty. Opportunities for advanced education. Apply to: Director of Nursing Service, Kaiser Foundation Hospital, Oakland 11, California. 15-5-38

Staff Duty positions (Nurses) in private 403-bed hospital. Liberal personnel policies and salary. Substantial differential for evening and night duty. Write: Personnel Director, Hospital of The Good Samaritan, 1212 Shatto Street, Los Angeles 17, California. 15-5-38

PROFESSIONAL NURSES For immediate openings in 274-bed General Hospital, liberal fringe benefits. Enjoy interesting, challenging position in the ideal climate of Santa Monica Bay. Apply: Director of Nursing, Santa Monica Hospital, 1250-16th Street, Santa Monica, California. 15-5-40

Nurses — Progressive hospital in San Joaquin Valley has openings for R.N.'s. Located between San Francisco and Los Angeles near mountain, ocean and desert resorts. Paid vacation and sick leave, voluntary retirement plan, paid Blue Cross, credit union. Salaries determined by experience and capabilities. Write: Personnel Director, Mercy Hospital, Bakersfield, California. 15-5-58

Nurses for new 75-bed General Hospital. Resort area. Ideal climate. On beautiful Pacific ocean. Apply to: Director of Nurses, South Coast Community Hospital, South Laguna, California. 15-5-50

General Duty Nurses for various departments including surgery for 72-bed hospital. Starting salary \$375 per mo. with periodic increases and fringe benefits. College town, tourist area, ideal climate. Contact: Superintendent, Lutheran Hospital Association, Alamosa, Colorado. 15-6-1

REGISTERED NURSES: for 75-bed, air conditioned hospital, growing community. Starting salary \$330-\$365/m, fringe benefits, vacation, sick leave, holidays, life insurance, hospitalization. 1 meal furnished. Write: Administrator, Hendry General Hospital, Clewiston, Florida. 15-10-1

General Duty Nurses — Present hospital 55-beds, with new 75-bed hospital to open April, 1, 1965. Located on lake Okeechobee near West Palm Beach. Liberal personnel policies, 40-hr. wk., bonus at end of first year. Minimum starting salary \$380, with differential for evenings and nights. Apply: Director of Nursing Service Memorial Hospital, P.O. Box 928, Belle Glade, Florida. 15-10-3

Registered Nurses — A large modern general non profit hospital located in a pleasant southwest suburb of Chicago, now has immediate openings for registered nurses. Starting salary range from \$390 to \$410/m, depending on experience. First increment in 90 days, annually thereafter. Liberal vacation and sick leave policy, hospitalization and pension plans. For additional information send resume of training and experience to: Personnel Department, Little Company of Mary Hospital, 2800 W. 95th Street, Evergreen Park, Illinois. 15-14-5

Staff Nurses (All Areas) Orientation and staff development programs, "nurse-saving" equipment, challenging working environment, individualized living accommodations in new air-conditioned cottages. Opportunity to participate in nursing practice of the finest quality in our 200-bed General Hospital, located along Lake Michigan shoreline, 30 min. from Chicago. Starting salaries \$390-\$410 plus \$30 differential for 3-11 and 11-7. Write: Director of Nursing, Highland Park Hospital, Highland Park, Illinois for detailed brochure. 15-14-3

HUMBER MEMORIAL HOSPITAL



HOSPITAL —

Newly expanded 350-bed hospital.
Progressive patient care concept.

SALARY —

General Staff Nurses registered in Ontario \$335 - \$400 per month. Registered Nursing Assistants \$235 - \$271 per month.

HOUSING —

Furnished apartments available at subsidized rates.

JOB SATISFACTION —

High quality patient care and friendly working environment, personal recognition and professional development.

You are invited to enquire concerning employment opportunities to:

DIRECTOR OF NURSING, HUMBER MEMORIAL HOSPITAL

200 Church Street, Weston, Ontario - Telephone 249-8111 (Toronto)

THE DUFFERIN AREA HOSPITAL

A new addition to be opened in July, invites applications from

REGISTERED NURSES REGISTERED NURSING ASSISTANTS

For all Nursing Units including an Intensive Care Unit. Salaries — Registered Nurses: \$320-\$360; Registered Nursing Assistants: \$210-\$250. Progressive Personnel Policies, Pension Plan, Group Insurance.

For further information write to:

DIRECTOR OF NURSING

Dufferin Area Hospital, Orangeville, Ontario.

Staff Nurses and Licensed Practical Nurses (Openings in several areas, all shifts). Minimum starting pay \$77 R.N.'s; L.P.N.'s \$64 per wk, experience considered; differentials paid for reliefs, nights. Every other weekend off in small community hospital 2 miles from Boston. Living quarters available. Contact: Miss Elizabeth A. Byrne, R.N., Director of Nursing, Chelsea Memorial Hospital, Chelsea, Mass. 15-22-1

Staff Nurses 380-bed hosp. new 120 med-surg. unit. Trans. pd. 1st class air to Albuquerque and return within U.S. in exchange for 1-yr. emp. contract. Come to New Mexico "Land of Enchantment." Career opportunities, largest pvt. JCAH accredited hosp. in state; near U. of New Mexico, R.N. & B.S. pgm. Practical Nurse pgm accredited state & NAPNE. Vacancies, Med-Surg. & occasionally O.B., Peds., & O.R., salaries \$350 per mo. even., night or O.R. with call; annual increases up to \$410; days \$340 per mo. with increases up to \$400. Rotation from day duty is required only when no person desiring permanent P.M. or night tour is available. Liberal personnel policies include: optional Blue Cross, Discount Hosp. Services, pd. sick leave cumulative to 5 wks., annual physical exam., vacation 1 yr. — 2 wks., 5 yrs. — 3 wks., 10 yrs. — 4 wks. Active in-service program. Occasional vacancy hosp. owned appts. New Mexico licensure as professional nurse and U.S. citizenship (or Immigration Visa) required. Write or call collect: Mrs. Emily J. Tuttle, Dir. of Nursing, Presbyterian Hospital Center, 1012 Gold, S.E., Albuquerque, New Mexico. Phone 243-5611. 15-32-3

Graduate Nurses for 450-bed non-sectarian acute General Hospital with NLN fully accredited school of nursing. Liberal personnel policies include tuition aid for study at Western Reserve University. Opening of new main building has created attractive positions for Staff Nurses in medical, surgical, obstetric and pediatric divisions. Apartments available in immediate neighborhood. Apply: Miss Louise Harrison, Director of Nursing Service, Mount Sinai Hospital, 1800 East 105th Street, Cleveland 6, Ohio. 15-36-10

Staff Nurses for modern 400-bed tuberculosis hospital, suburban Cleveland, Ohio. Monthly salaries start at \$410 with semi-annual increments. Extra for night and relief duty, 5-day work wk., 3-wk. paid vacation, 6 paid holidays, liberal sick leave, comfortable accommodations in nurses' residence at low rate. Learn and earn at a progressive accredited hospital in a growing community. Write: Director of Nursing, Sunny Acres Hospital, Cleveland 22, Ohio. 15-36-1E

Registered Nurse (Scenic Oregon vacation playground, skiing, swimming, boating & cultural events) for 295-bed teaching unit on campus of University of Oregon medical school. Salary starts at \$387. Pay differential for nights & evenings. Liberal policy for advancement, vacations, sick leave, holidays. Apply: Multnomah Hospital, Portland, Oregon. 97201. 15-38-1

REGISTERED NURSES If you are looking for job satisfaction and educational opportunities, you can find both at Presbyterian Hospital in Philadelphia. General Staff positions in Cardiac-thoracic, Medical-Surgical, O.R., O.B., and Pediatrics. Eligible to work one year with Canadian License. Salary \$4,080-\$4,800/year depending upon experience plus \$30-\$50/m. for evening and night assignment. Half rate tuition at University. Write or call: Directress of Nurses, 51 North 39th Street, Philadelphia 4, Pennsylvania: Ev 2-4200, Extension 342. 15-39-1B

Assistant Science Instructor to teach in anatomy and physiology laboratory or microbiology and chemistry laboratories. Lectures given by Albright College professors. School has 6 nurse instructors to teach the laboratory portion of the course. 1 class/yr. Science instructors assist with medication supervision in the spring. Hospital now has 621 beds and is in an expansion program. Teaching and laboratory facilities excellent. School has full accreditation from N.L.N. Large school with no recruitment problem. There are 33 nurse instructors on faculty. School is being expanded. 7 new faculty positions to be added. Salary: \$5,460 to \$5,820. Opportunities for promotion. Full instructor salary: \$5,820 to \$7,020. Retirement plan in addition to social security. Hospital pays the retirement policy premium. After 3-yr. hospital provides life insurance policy for employee equivalent to 1-yr. salary. Hospital pays the premium. Other liberal personnel policies, attractive working conditions. Each room in nurses' residence has its own private bath and shower. Latest teaching aides, including I.B.M. grading machine. Hospital located in a beautiful 40 acre park. Community has many cultural opportunities. 1 college in city. 4 universities have extension center or extension courses in city. Qualifications: Baccalaureate degree with courses in nursing education. Apply: Director of Nurses, The Reading Hospital, Reading, Pennsylvania. 15-39-4

Clinical Instructor to teach a portion of medical and surgical nursing. School of nursing is enlarging. 7 new faculty positions being added. There will be 33-nurse instructors and 4 Albright professors. 12 instructors in the medical and surgical nursing department and 2 full-time clinical dietitians. Starting salary: \$5,820 with increases up to \$7,020. Instructors with 2-yr. experience start at \$6,180. School has latest teaching aides, including an I.B.M. grading machine. Retirement plan in addition to Social Security, hospital pays the policy. After 3-yr. hospital provides a life insurance policy for employees equivalent to 1-yr. salary, hospital pays the premium. Other liberal personnel policies, attractive working conditions. Each room in nurses' residence has its own private bath and shower. Hospital located in a beautiful 40-acre park. Community has many cultural opportunities. 1 college in city. 4 universities have extension center or extension courses in city. Qualifications: Baccalaureate degree with courses in nursing education. Apply: Director of Nurses, The Reading Hospital, Reading, Pennsylvania. 15-39-4B

Obstetrical Instructor: No administrative responsibilities. Department has 2 obstetrical instructors and has obstetrical supervisor who assists with clinical teaching. School is being enlarged and size of faculty increased. 7 new faculty positions being created. Full accreditation from N.L.N. Large school with no recruitment problem. 33 full-time nurse instructors. Sciences taught by Albright College. Hospital now has 621 beds and is in an expansion program. Entirely new obstetrical department in new building. School has latest teaching aides, including I.B.M. grading machine. Salary: \$5,820 with increases to \$7,020. Beginning salary: \$6,180 for qualified instructor with 2 years teaching experience. Retirement plan in addition to social security. Hospital pays retirement premium. After 3 yr. hospital provides a life insurance policy for the equivalent of 1-yr. salary. Hospital pays the premium. Other liberal personnel policies, attractive working conditions. Each room in nurses' residence has its own private bath and shower. Hospital located in a beautiful 40-acre park. Community has many cultural opportunities including symphonies and museums. 1 college in city. 4 universities have extension center or extension courses in city. Qualifications: Baccalaureate degree with courses in nursing education. Apply: Director of Nurses, The Reading Hospital, Reading, Pennsylvania. 15-39-4A

NURSES, REGISTERED

250-BED GENERAL ACUTE HOSPITAL IN SAN FRANCISCO, CALIFORNIA

Immediate positions, all shifts, for nurses in Operating Room, Intensive Care- Cardiac Unit, and general staff duty.

Qualified applicants guaranteed positions for visa purposes. Current starting salary \$400 plus \$40 evening and \$24 night shift, and specialty differentials.

Health Insurance Plan, Life Insurance Policy, and Retirement Program — all hospital paid. Liberal holiday and vacation benefits. Affiliated with University of California Medical School with accredited medical residencies in Medicine, General Surgery, Neuro-Surgery, Orthopedics, and Plastic Surgery.

For further information, write to:

Miss Lois Jahn, Director of Nursing,

FRANKLIN HOSPITAL,

14th and Noe Streets, San Francisco, California.

SUPERINTENDENT OF NURSES

Required by 18-bed Private Hospital. Ontario registration required.

Registered Nurse with supervisory experience or experience as Superintendent of small hospital would fill requirements. Two room apartments with bath and all meals supplied for \$20 per month. Four weeks annual vacation per year, eight statutory holidays, hospitalization, medical-surgical and Group Insurance. Moving expenses up to \$50 refunded following six months employment. Salary scale will be forwarded following application.

Apply to:

**MRS. V. M. SWITZER, SECRETARY,
BOARD OF DIRECTORS, LADY DUNN HOSPITAL, WAWA, ONTARIO.**

WANTED IMMEDIATELY

Registered Nurses

and

Certified Nursing Assistants

For a new 40-bed Hospital with Nurses' Residence. **Nurses—Salary: \$340-\$390** according to experience. 3 semi-annual increments of \$10 each. **C.N.A.'s—Salary: \$225-\$255** according to experience. 3 annual increments of \$10 each.

Reply to:

**The Director of Nursing,
GERALDTON DISTRICT HOSPITAL,
Geraldton, Ontario.**

ST. THOMAS-ELGIN GENERAL HOSPITAL

ST. THOMAS, ONTARIO

Requires

GENERAL DUTY NURSES

Modern 381-bed, fully accredited Hospital
Excellent personnel policies, O.H.A. Pension Plan.

Apply:

**THE DIRECTOR OF NURSING,
St. Thomas-Elgin General Hospital,
St. Thomas, Ontario.**

U.S.A.

Staff Nurses, University of Washington 320-bed modern, expanding Teaching and Research Hospital located on campus, offers you an opportunity to join the staff in one of the following specialties: Clinical Research, Premature Center, Open Heart Surgery, Physical Medicine, Orthopedics, Neuro-surgery, Adult and Child Psychiatry in addition to the General Services. **Salary: \$400-\$462.** Unique benefit program includes free University courses after six months fulltime employment. For information on opportunities write to: **Mrs. Ruth Fine, Director of Nursing Services, University Hospital, 1959 Pacific Avenue, Seattle, Washington. 15-48-2D**

MINBURN-EAGLE AUXILIARY HOSPITAL DISTRICT No. 22

Invites applications for the position of
MATRON, FOR OCTOBER 1, 1964

New 50-bed Auxiliary Hospital located in a progressive and friendly community in Central Alberta. Population 3,300. One hour from Edmonton on Highway 16. New 75-bed General Hospital adjacent. Private suite in residence. Applicant to handle general administration of the hospital.

SALARY: \$400 - \$450 MONTHLY

Please forward full information as to age, marital status etc., nursing qualifications, registration, previous experience etc., to:

**MR. S. KRAVETZ, SECRETARY-TREASURER,
Box 190, Vegreville, Alberta.**

OPERATING ROOM SUPERVISOR

Required

For 66-bed hospital, excellent opportunity for Registered Nurse with P.G. course or extensive O.R. experience. Border town, 10 minutes from downtown Buffalo.

Apply:

**Director of Nursing,
DOUGLAS MEMORIAL HOSPITAL,
Fort Erie, Ontario.**

NOTRE DAME HOSPITAL

North Battleford, Saskatchewan

REQUIRES

General Staff Nurses and Certified Nursing Assistants for Medical, Surgical, Obstetrical and Pediatric Services. Forty hour week. Salary range: R.N. \$315 to \$390, C.N.A. \$205 to \$235 gross per month. Differential for evening and night duty for R.N's Accommodation close to hospital if desired.

Apply to

**DIRECTOR OF NURSING SERVICE
Notre Dame Hospital, North Battleford, Sask.**

CLINICAL SUPERVISOR, MEDICAL NURSING

A 228-bed General Hospital. Medical Department consists of two 38-bed wards, each with a head nurse in charge.

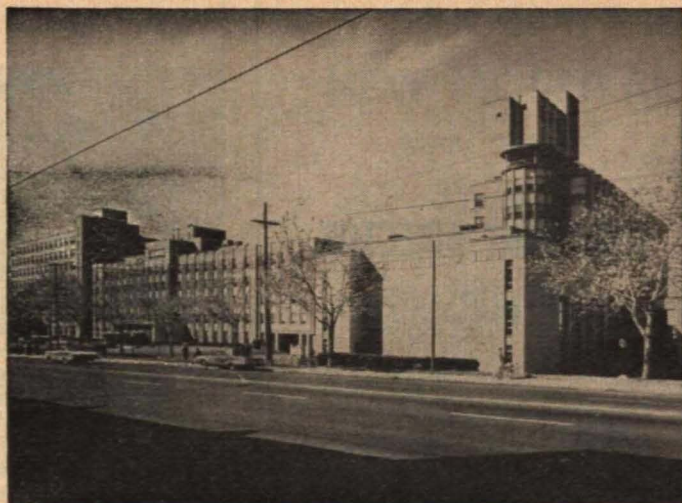
For information Write to

**Director of Nursing,
JOSEPH BRANT MEMORIAL HOSPITAL,
Burlington, Ontario.**

U.S.A.

STAFF NURSES All Clinical Services. Starting salary \$382 for day shift; \$419 for evening and night shifts; opportunities for advancement. Personnel policies, sick leave, retirement plan, 3wk. vacation and laundry of uniforms. Orientation and in-service programs. Housing available on Campus. Apply: Director, Nursing Service, University of Texas Medical Branch Hospitals, Galveston, Texas 15-44-5

JEWISH GENERAL HOSPITAL MONTREAL QUE.



NURSING OPPORTUNITIES

In this modern 400-bed non sectarian hospital in Administration, Teaching, Staff Nursing, Certified Nursing Assistants also required. Openings in Psychiatry, Pediatrics, Obstetrics and Medicine and Surgery. Excellent personnel policies. Bursaries for post-basic courses in Teaching and Administration.

For further information apply :

Director of Nursing, JEWISH GENERAL HOSPITAL, 3755 Cote St. Catherine Rd., Montreal, Que.



THE WINNIPEG GENERAL HOSPITAL

is Recruiting General Duty Nurses for all Services

SEND APPLICATIONS DIRECTLY TO

**THE PERSONNEL DIRECTOR, WINNIPEG GENERAL HOSPITAL
WINNIPEG 3, MANITOBA**

ASSISTANT DIRECTOR OF NURSING

required for

A 163-BED GENERAL HOSPITAL

Please reply to:

**DIRECTOR OF NURSING,
KIRKLAND and DISTRICT
HOSPITAL,
Kirkland Lake, Ontario.**

WINNIPEG GENERAL HOSPITAL

invites applications for the position of

DIRECTOR OF NURSING SERVICE

The position involves the administration of the nursing service in a 950-bed modern general hospital with medical, obstetrical, surgical and psychiatric service.

The Director of Nursing Service would be directly responsible to the Assistant Administrator.

Graduation from an approved School of Nursing and advanced preparation in nursing administration with proven executive ability in a large general hospital is required.

Please send enquiries or replies to:

**PERSONNEL DIRECTOR,
Winnipeg General Hospital,
700 William Avenue,
Winnipeg 3, Manitoba.**

CLINICAL SUPERVISOR, OBSTETRICAL DEPARTMENT

The Department Consists of:

- 4 LABOUR ROOMS
- 3 DELIVERY ROOMS
- 1 POSTPARTUM WARD AND
- 4 NURSERIES

to accommodate 30 mothers and infants. Modern equipment for the care of premature babies.

For information write to:

**Director of Nursing,
JOSEPH BRANT MEMORIAL HOSPITAL,
Burlington, Ontario.**

PUBLIC HEALTH NURSES

*Required by the City of Toronto,
DEPARTMENT OF PUBLIC HEALTH*

Qualified Public Health Nurses for Generalized Public Health Nursing Service, or Epidemiological Venereal Disease Service. Salary range \$4,231-\$4,787. Salary negotiations now in progress. Starting salary based on experience. Annual increments, vacation, shared hospital and medical insurance, sick pay and pension plan.

Apply:

PERSONNEL DEPARTMENT, ROOM 320, CITY HALL, TORONTO 1.

REGISTERED NURSES REQUIRED

FOR GENERAL DUTY IN MODERN 18-BED PRIVATE HOSPITAL IN IRON MINING TOWN
140 miles north of Sault Ste. Marie, Ontario

SALARY RANGE \$330 MINIMUM TO \$377 MAXIMUM.

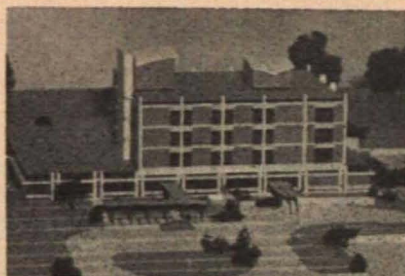
Allowance for experience. Board and room available at \$20 per month
Transportation allowance up to \$50 after 6 months

Apply:

SUPERINTENDENT OF NURSES, LADY DUNN HOSPITAL, WAWA, ONTARIO

U.S.A.

Registered Nurses in a small community hospital with rapidly expanding services. Accredited by Joint Commission Hospital Accreditation. Salary meets American Nurses' Association scale. Travel time 60 minutes from metropolitan area. Inquire: Director of Nurses, St. Croix Falls Hospital, St. Croix Falls, Wisconsin. 15-50-1



NEW HOSPITAL

AJAX, ONTARIO

110 BEDS

Nursing the patient as an individual

Opening — October 1964

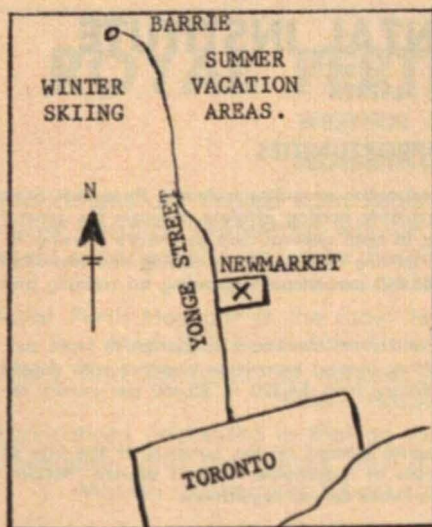
VACANCIES for Head Nurses, Assistant Head Nurses, General Duty R.N.'s and Registered Nursing Assistants (Union Agreement for Registered Nursing Assistants) in Medicine and Surgery. O.R., OBS., Pediatrics. Salaries commensurate with prevailing salaries in Metro Toronto. Consideration for experience and education. Overseas nurses welcome. Personnel recognition and excellent fringe benefits. Professional development fostered.

Ajax is 7 miles from Metro Toronto, hourly bus service

Apply to:

**NURSING OFFICE PERSONNEL,
AJAX AND PICKERING GENERAL HOSPITAL,
Ajax, Ontario.**

YORK COUNTY HOSPITAL



ONE HOUR FROM DOWNTOWN TORONTO

260 bed Hospital with new facilities including:

INTENSIVE CARE UNIT
SELF CARE UNIT
PSYCHIATRIC UNIT

CLINICAL INSTRUCTRESSES:
\$385-\$460 per month

REGISTERED NURSES: \$335-\$400 per month

REGISTERED NURSING ASSISTANTS:
\$230-\$265 per month

LIBERAL PERSONNEL BENEFITS INCLUDE:

Pension Plan, Group Life Insurance,
Medical and Hospital Insurance.
Residence accommodation available

Please write for further details concerning employment opportunities to:

**DIRECTOR OF NURSING, YORK COUNTY HOSPITAL,
Newmarket, Ontario.**

INSTRUCTOR

Is required in September, 1964, for the Department of Nursing, Haile Sellassie, I University, Addis Ababa. The main responsibility will be supervision of the clinical teaching in postgraduate nursing courses. The first courses will be in ward and departmental administration and teaching. This post offers scope for those interested in nursing education and prepared to take an active part in new developments. Applicants must be qualified tutors. Bachelor's degree essential, Master's desirable. Overseas experience an advantage.

Annual salary Eth. \$12,000 - \$15,000 (U.S. \$4,800 - \$6,000) free of income tax, plus a housing and baggage allowance.

Tourist jet air fares paid at beginning and end of each contract. Contract for three years initially, renewable for two years at a time thereafter.

Application forms and further particulars from:

**ACADEMIC SECRETARY, FACULTY OF MEDICINE,
HAILE SELASSIE I UNIVERSITY,
P.O. Box 1176, Addis Ababa, Ethiopia.**



PROVINCE OF ALBERTA

PROVINCIAL MENTAL INSTITUTE

EDMONTON, ALBERTA

EMPLOYMENT OPPORTUNITIES

NURSING INSTRUCTOR III — to direct student education programs including three-year basic psychiatric nursing course and a continuous psychiatric nursing affiliate program for general hospital student nurses. Considerable experience in both general and psychiatric nursing together with post basic preparation in psychiatric nursing and degree in nursing administration and teaching desirable. Salary from \$5,460 to \$6,840 per annum depending on training and experience.

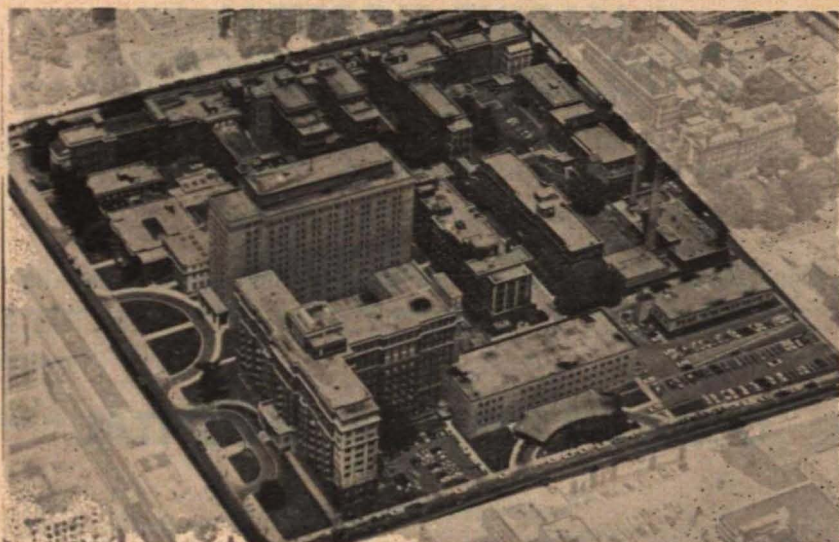
NURSING INSTRUCTOR I — to provide clinical and some classroom instruction in basic psychiatric nursing program. Instruction and supervisory nursing experience together with degree in nursing teaching and supervision desirable. Salary from \$4,320 to \$5,460 per annum depending on training and experience.

This is a 1500-bed active treatment mental hospital located on the outskirts of the City of Edmonton. Modern living accommodation available at reasonable rates, if desired. Holiday, sick leave and pension in accordance with Alberta Public Service regulations.

Apply to:

**DIRECTOR OF NURSING, PROVINCIAL MENTAL INSTITUTE,
DEPARTMENT OF PUBLIC HEALTH, BOX 307, EDMONTON, ALBERTA.**

TORONTO GENERAL HOSPITAL



NURSING OPPORTUNITIES

for

REGISTERED NURSES AND CERTIFIED NURSING ASSISTANTS

Planned Orientation Programme — Inservice Educational Programmes
Opportunity to gain additional knowledge in specialized fields of nursing
Excellent personnel policies
Salaries commensurate with prevailing current salaries in Metropolitan Toronto

For information or application write to:

**DIRECTOR OF NURSING, TORONTO GENERAL HOSPITAL,
101 College Street, Toronto 2, Ontario.**

ROYAL PERTH HOSPITAL

WESTERN AUSTRALIA

NURSING STAFF

Applications are invited from Registered Nurses to fill vacancies at the above Hospital. Preference will be given to applicants who have had recent experience in an 'acute' hospital and who are prepared to remain for a minimum period of twelve months.

Royal Perth Hospital is the main teaching hospital associated with the Medical School of the University of Western Australia.

Salary and conditions of service are in accordance with the Nurses' (Public Hospitals) Award.

Applications addressed to Matron should include details of age, training, experience, and the names and addresses of two referees, including Matron of Training School. Joseph Griffith, Administrator.

U.S.A.

New York Polyclinic Medical School and Hospital in heart of Manhattan. Six month courses for qualified registered nurses in Operating Room Nursing, and Medical Surgical-Out Patient Department Nursing. Classes begin in March and September, include 220 hours of instruction and supervised clinical experience. Room, meals, medical care, and monthly cash stipend. For information write: Director of Nursing Education, 345 West 50th Street, New York, New York 10019 15-33-24

COLLINGWOOD GENERAL AND MARINE HOSPITAL

Active tourist town on Georgian Bay, requires:

REGISTERED NURSE AS NIGHT SUPERVISOR

REGISTERED NURSE 4-12 SHIFT FOR EMERGENCY AND OPERATING ROOM

REGISTERED NURSES AND REGISTERED NURSING ASSISTANTS FOR GENERAL
DUTY

For further information write:

THE DIRECTOR OF NURSING,
Collingwood General and Marine Hospital, Collingwood, Ontario.

OSHAWA GENERAL HOSPITAL

Oshawa, Ontario

Requires for School of Nursing

CLINICAL INSTRUCTOR IN SURGICAL NURSING

With Certificate in Nursing Education

For further information, apply to:

DIRECTOR OF NURSING,
Oshawa General Hospital, Oshawa, Ontario.

CLINICAL INSTRUCTORS

ST. JOSEPH'S HOSPITAL, SCHOOL OF NURSING, HAMILTON, ONTARIO

MEDICAL — SURGICAL — and OBSTETRICAL UNITS

Well-equipped modern school of nursing — Expanded January, 1963.
800-Bed Hospital fully accredited. Salary commensurate with preparation and experience

For further information please apply to:

DIRECTOR OF NURSING,
ST. JOSEPH'S HOSPITAL,
School of Nursing, Hamilton, Ontario.

OAKVILLE-TRAFALGAR MEMORIAL HOSPITAL

OAKVILLE, ONTARIO

General Duty Nurses for all departments, also Operating Room Nurses required in modern
340-bed fully accredited hospital.

Oakville is a progressive community situated on Lake Ontario just twenty miles from the
cities of Toronto and Hamilton. Excellent salaries and personnel policies. Further details will
be furnished on request.

Apply to:

DIRECTOR OF NURSING,
Oakville-Trafalgar Memorial Hospital,
Oakville, Ontario.

DIRECTOR OF NURSING SERVICE

Applications are invited for the position of

DIRECTOR OF NURSING SERVICE

in fully accredited 100-bed hospital from Registered Nurse with degree or diploma in nursing service administration, or with equivalent in experience.

Salary commensurate with qualifications and experience.

Please address inquiries to:

**THE ADMINISTRATOR,
PORTAGE DISTRICT GENERAL HOSPITAL,
PORTAGE LA PRAIRIE, MANITOBA.**

THE FORT CHURCHILL GENERAL HOSPITAL BOARD

Invite applications for positions of

**DIRECTOR OF NURSING
NURSING SUPERVISORS
GENERAL DUTY NURSES (REGISTERED)
REGISTERED X-RAY TECHNICIAN
REGISTERED LABORATORY TECHNICIAN
NURSING AIDES**

Forty bed hospital — salaries based on scale approximately one-third higher than prevailing Winnipeg rates — travel costs from Manitoba points paid — 3 weeks annual vacation — systems of annual salary increments — single residence accommodation and meals \$70 monthly — married accommodation for key personnel sensibly priced and includes heat, power and basic furnishings — many amenities available through membership in either Aurora or Borealis Social Clubs for modest monthly fee. Winnipeg interviews will be arranged.

Send resume to:

**SECRETARY, FORT CHURCHILL GENERAL HOSPITAL BOARD,
Fort Churchill, Manitoba.**

GENERAL DUTY NURSES FOR ALL DEPARTMENTS

Gross salary for nurses registered in the Province of Ontario \$335 monthly with annual increment \$10 monthly to \$385.

Salary until registration is established — \$305 monthly.

Rotating periods of duty — 40 hour week, 8 statutory holidays annually — Annual vacation 21 days.

Annual sick time 12 days after one year, unused portion cumulative to 36 days.

Hospitals of Ontario Pension Plan.

Ontario Hospital Insurance and Physicians' Services Incorporated, 50% payment by hospital.

Apply:

DIRECTOR OF NURSING, GENERAL HOSPITAL, OSHAWA, ONTARIO

THE SARNIA GENERAL HOSPITAL

Offers excellent opportunities for

REGISTERED NURSES AND REGISTERED NURSING ASSISTANTS

Sarnia is an industrial city located midway on the seaway, 60 miles north of Detroit and Windsor and 60 miles west of London. It is a resort area noted for swimming and boating as well as being located a reasonable distance from the skiing resorts in Northern Michigan.

The hospital is modern, fully approved (JCAH), and has recently been expanded to 350 beds.

Positions are available in all services.

Salary scale with annual increments to the maximum. Additional salary allowance for two years or more acceptable experience or postgraduate certificate. Benefits include pension plan, 40-hour week, regular rotation of shifts with premium pay for evenings and nights.

Apply:

**PERSONNEL DIRECTOR,
SARNIA GENERAL HOSPITAL, SARNIA, ONTARIO.**

**THE
CANADIAN
RED CROSS
SOCIETY**

SEEKS

Registered Nurses willing to
serve as volunteer Home Nursing
Instructors in the
Red Cross Branch
in their own community.

**and offers
interesting and
challenging positions in
OUTPOST NURSING
PUBLIC HEALTH NURSING
BLOOD TRANSFUSION
SERVICE**

Salaries are in proportion to
experience and qualifications.

Transportation arranged
under certain circumstances.

Bursaries available for
postgraduate studies.

Group insurance, pension
plan and other benefits.

For information please contact:

**NATIONAL DIRECTOR,
NURSING SERVICES,
THE CANADIAN RED CROSS
SOCIETY,
95 Wellesley Street East,
Toronto 5, Ontario.**

ST. JOSEPH'S HOSPITAL

PORT ARTHUR, ONTARIO

invites applications for:

1. Educational Director in Nursing Service.
2. Head Nurse in Operating Room.
3. Teacher in Operating Room and Obstetrical Services.

Opportunities for Graduate Education
LAKEHEAD COLLEGE.

Salaries will be commensurate with qualifications and experience.

For further information apply:

**THE DIRECTOR OF NURSING,
St. Joseph's Hospital,
Port Arthur, Ontario.**

**GUELPH
GENERAL HOSPITAL**

ACTIVE—200 BEDS—FULLY ACCREDITED

requires

**GENERAL STAFF NURSES
REGISTERED
NURSING ASSISTANTS**

Pleasant City of 42,000, one hour from
Toronto Via 401. Good personnel policies.

For further details apply to:

**THE DIRECTOR OF NURSING,
General Hospital,
Guelph, Ontario.**

DIRECTOR OF NURSING SERVICE

Required in September 1964, for the teaching hospital of the Haile Sellasie I University, Addis Ababa, Ethiopia. This hospital is being developed as the teaching centre for medical students and for post basic nursing students. A school of nursing is already attached, with 130 beds increasing to 450.

Applicants should have had administrative experience in a teaching hospital and have a Master's degree in administration. Experience in an African country an advantage.

Annual salary Eth. \$12,000 - \$16,800 (U.S. \$5,040 - \$6,720) free of income tax, plus a housing and baggage allowance.

Tourist jet air fares paid at beginning and end of each contract. Contract for three years initially, renewable for two years at a time thereafter.

Application forms and further particulars from:

**ACADEMIC SECRETARY, FACULTY OF MEDICINE,
HAILE SELASSIE I UNIVERSITY,
P.O. Box 1176, Addis Ababa, Ethiopia.**

BURSARIES FOR NURSES

THE DEPARTMENT OF PUBLIC HEALTH

Province of Nova Scotia will provide bursaries for

- (a) Graduate Nurses who have university entrance education and an interest in qualifying for positions in Public Health Nursing.

AND

- (b) Experienced qualified Public Health Nurses who are interested in qualifying for Supervisory and Administrative positions in the Province of Nova Scotia. Bursaries will be sufficiently generous to cover all educational costs.

Applications for bursaries and further information may be obtained by contacting:

**Director of Public Health Nursing,
DEPARTMENT OF PUBLIC HEALTH, PROVINCE OF NOVA SCOTIA,
P.O. Box 488, Provincial Administration Building, Halifax, Nova Scotia.**

MONTREAL CHILDREN'S HOSPITAL

DID YOU KNOW THAT...

1. We have 354 beds for children from the Premature to the Adolescent age group?
2. Our nurses may be bilingual or English-speaking?
3. We are affiliated with McGill University?
4. We have an excellent Orientation and In-Service Program?
5. Salary is commensurate with experience and preparation?
6. We have vacancies for Registered Nurses?

For information please write:

THE DIRECTOR OF NURSING,
Montreal Children's Hospital, 2300 Tupper Street,
Montreal, Que.

SUDBURY ALGOMA SANATORIUM

Requires for New Psychiatric Unit

SUPERVISOR: Postgraduate training and experience in Psychiatry essential. Diploma Course in Teaching and Supervision an asset.

REGISTERED NURSES: With postgraduate training and experience in Psychiatry, for general staff duty.

Salary for both positions commensurate with education and experience.

Apply to:

DIRECTOR OF NURSING,
Sudbury Algoma Sanatorium, Sudbury, Ontario.

Opportunities for Employment Are Available in:

SCHOOL OF NURSING:

CLASSROOM INSTRUCTOR — CLINICAL INSTRUCTORS FOR:
Operating Room, Medicine, Neurosurgery, Pediatrics, Psychiatry

NURSING SERVICE:

SUPERVISOR, DEPARTMENT OF PEDIATRICS — STAFF NURSES, MEDICINE AND SURGERY.
University teaching hospital. Applicants should be eligible for Ontario Registration.

Personnel policies and further information may be obtained from:

Director of Nursing,
KINGSTON GENERAL HOSPITAL,
Kingston, Ontario.

SUPERVISOR — HEAD NURSE

required for 220-bed hospital with newly reorganized nursing service

EVENING AND NIGHT SUPERVISOR

HEAD NURSE FOR 25 BED PEDIATRIC UNIT

Preference given to those with university or post-basic preparation. Experience necessary.
Salary commensurate with qualifications and experience.

For further information apply to:

Director of Nursing,
CORNWALL GENERAL HOSPITAL,
Cornwall, Ontario.

REGISTERED NURSES
and
CERTIFIED
NURSING ASSISTANTS

for

360-bed accredited General Hospital. Registered Nurses salary range \$325 - \$377 per month with consideration for contemporary experience or special preparation.

Certified Nursing Assistants \$230 - \$260 per month.

For further information write:

**Director of Nursing Service,
METROPOLITAN GENERAL
HOSPITAL,
Windsor, Ontario.**

**GENERAL STAFF
NURSE POSITIONS**

AVAILABLE

In all our Clinical Nursing Services and in the Operating Rooms. Salary commensurate with experience. Opportunities for promotion. Excellent fringe benefits including refund of tuition up to six points per semester.

For further information write:

**Director, Nursing Service
THE JOHNS HOPKINS HOSPITAL
Baltimore, Maryland - 21205**

**OPERATING ROOM
HEAD NURSE**

Postgraduate course in Operating Room Technique and Management preferred.

Required for:

225-BED FULLY ACCREDITED HOSPITAL
SALARY RANGE: \$375 to \$420 PLUS
RECOGNITION FOR POST-BASIC EDUCATION

For further information write:

**Assistant Director of Nursing
(Service),
CORNWALL GENERAL
HOSPITAL,
Cornwall, Ontario.**

ST. JOSEPH'S HOSPITAL

Toronto, Ontario

REGISTERED NURSES
and
**CERTIFIED
NURSING ASSISTANTS**

600-bed fully accredited hospital provides experience in Operating Room, Recovery Room, Intensive Care Unit, Pediatrics, Orthopedics, Obstetrics, General Surgery and Medicine.

Orientation and Active In-service program for all staff.

Salary is commensurate with preparation and experience.

Benefits include Pension Plan, Group Life Insurance, Sick Leave — 12 days after one year, Ontario Hospital Insurance — 50% payment by hospital.

Rotating Periods of duty — 40 hour week, 8 statutory holidays — annual vacation 3 weeks after one year.

Apply:

**ASSISTANT DIRECTOR OF NURSING
SERVICE
ST. JOSEPH'S HOSPITAL
30 The Queensway, Toronto 3, Ontario**

SCHOOL OF NURSING

METROPOLITAN GENERAL HOSPITAL, WINDSOR, ONTARIO

requires

INSTRUCTOR IN BASIC SCIENCES AND SURGICAL NURSING

This is an opportunity to participate in the development of a progressive program which emphasizes educational nursing experiences for the student. The program consists of 2 basic, preparatory years followed by one year of Nursing Internship. One class of 32 students is admitted annually.

DUTIES INCLUDE: Instruction in Anatomy and Physiology, Chemistry and Physics. Clinical and Classroom instruction in an integrated program of Medical-Surgical Nursing.

REQUIREMENTS: University preparation in Nursing Education — Salary differential for Degree.

DUTIES TO COMMENCE AUGUST 1, 1964

For further information, contact:

Director, School of Nursing, 2240 Kildare Road, Windsor, Ontario

THE PETERBOROUGH CIVIC HOSPITAL

Requires

CLINICAL INSTRUCTRESS — SURGICAL CLINICAL INSTRUCTRESS — GERIATRICS
EXCELLENT PERSONNEL POLICIES

For further information, write:

**THE DIRECTOR OF NURSING,
Peterborough Civic Hospital, Peterborough, Ontario.**

GRADUATE STAFF NURSES

Opportunities for men and women on all services including metabolism, rehabilitation, psychiatry, recovery room, medicine, surgery, pediatrics, obstetrics, operating room and emergency room. Well planned orientation and in-service programs, tuition free courses at Western Reserve University after 3 months employment, low cost housing in nurses' residence. Liberal personnel policies with premiums for evening and night tours. Staff Nurse salaries range \$400-\$440, based on experience and education. For more information ask for our new booklet describing nursing opportunities at University Hospitals.

Write to:

**THE DIRECTOR OF NURSING, UNIVERSITY HOSPITALS OF CLEVELAND,
University Circle, Cleveland, Ohio, 44106.**

ASSISTANT DIRECTOR

of

NURSING SERVICE

Jeffery Hale's Hospital, Quebec City, is an accredited General Hospital of 161 beds. The School of Nursing has an enrollment of 70. Postgraduate preparation essential.

Write: Director of Nurses.

THE RIVERDALE HOSPITAL

GERRARD and BROADVIEW,
TORONTO 8

Requires
Full Time and Part-time
REGISTERED
and
GRADUATE NURSES
NURSING ASSISTANTS
and
PHYSIOTHERAPISTS

Prevailing Toronto Salaries and Benefits.

Apply:
DIRECTOR OF NURSING,
461-8251.

CLINICAL INSTRUCTORS

Required for School of Nursing in this 350-bed General Hospital. Modern classrooms and facilities. Student enrollment 95.

Minimum qualifications — Diploma in Nursing Education. Good starting salary with special consideration for experience or degree.

Excellent working conditions with opportunities to use progressive techniques in teaching

Apply

Personnel Director,
SARNIA GENERAL HOSPITAL,
Sarnia, Ontario.

SOUTH PEEL HOSPITAL

COOKSVILLE

A new 450-bed General Hospital, located 12 miles from the City of Toronto, has openings for:

- (1) Head Nurse for 32 bed Pediatric unit;
- (2) Supervisor for unit administration on medical wards;
- (3) Supervisor for unit administration on surgical wards;
- (4) General Staff Nurses interested in premature nursery;
- (5) General Staff Nurses in all departments.

Good personnel policies. Salary commensurate with experience and preparation.

For information or application, write to:

DIRECTOR OF NURSING,
South Peel Hospital,
Cooksville, Ontario.

NURSES

Kenora, Ontario

This resort town of 14,000 people has just opened a section of its new 100-bed hospital and in the not too distant future will be opening the second section for which nurses are needed. The hospital is wonderfully located on the shores of beautiful Lake of the Woods in Ontario, in the summer we have activities in swimming, boating, fishing and golfing and in the winter there is skating, curling, tobogganing, skiing and ice fishing.

A nurse's residence is available at a reasonable rate of \$20 per month for private room or \$15 per month for a double room. Cafeteria services are available at cost as well as a kitchen in the nurses' residence. Separate personnel policies for nurses are available and will be mailed on request. The starting salary is \$315 per month. Eight statutory holidays, sick leave, three weeks vacation with pay are some of the benefits of these policies.

All applications will be treated with courtesy and privacy.

Please apply to:

Director of Nursing,
KENORA GENERAL HOSPITAL,
KENORA, ONTARIO.

**WANTED IMMEDIATELY
FOR NEW HOSPITAL EXTENSION**

Registered Nurses interested in Obstetrical and Gynecological Nursing, also Infant Care. Postgraduate Course an asset.

Apply to:

Director of Nursing,
CATHERINE BOOTH HOSPITAL,
4375 Montclair Avenue,
Montreal, Que.

INDUSTRIAL NURSE

for
NORTHERN ELECTRIC
COMPANY LIMITED

at
TORONTO, ONTARIO.

Health Nurse for preventive medical program among employees, Public Health training preferred. Commencing September. Five day week, vacation, sick leave, retirement plan and other benefits. Salary commensurate with education and experience.

Apply to:

Supervisor of Nurses,
NORTHERN ELECTRIC
COMPANY LIMITED,
1600 Dorchester Blvd. West,
Montreal 25, Que.

**OPERATING ROOM
SUPERVISOR**

With postgraduate course in Operating Room Technique and Management,

required

for a 208-bed fully accredited active General Hospital. Operating Suite of five rooms. Excellent personnel policies.

Apply directly to:

Director of Nursing,
GENERAL HOSPITAL,
Stratford, Ontario.

**REGISTERED NURSES
AND
REGISTERED NURSING
ASSISTANTS**

For small Community Hospital in northern Ontario.

Excellent Fringe Benefits, 40 hour week.

Salary range for R.N.'s \$345 per mo. — Max. \$390. Salary range for R.N.A.'s \$250 per mo. — Max. \$275.

Apply to:

Director of Nursing,
LADY MINTO HOSPITAL,
Chapleau, Ontario.

**BERMUDA
Assistant Director**

Second Assistant Director of Nursing Service required for new hospital which will open in November.

Further information available on application to:

Matron,
KING EDWARD VII MEMORIAL
HOSPITAL,
Bermuda.

**DIRECTOR OF
IN-SERVICE EDUCATION**

For 200-bed hospital with School of Nursing. University preparation and experience preferred. Salary commensurate with above.

Please apply to:

Director of Nursing,
ST. JOSEPH'S HOSPITAL,
Chatham, Ontario.

**ASSISTANT DIRECTOR
OF NURSING SERVICE**

For accredited 200-bed hospital

QUALIFICATIONS: Baccalaureate Degree preferred. Supervisory experience. Salary according to qualifications. Position open July 1st, 1964

Apply to:

DIRECTOR OF NURSING,
General Hospital,
Guelph, Ontario.

**ROYAL JUBILEE
HOSPITAL**

VICTORIA, B.C.

Invites B.C. Registered Nurses (or those eligible) to apply for these positions:

SUPERVISOR — PSYCHIATRIC NURSING
CHARGE NURSES — OPERATING ROOM
GENERAL STAFF

Apply to:

DIRECTOR OF NURSING.

ST. JOSEPH'S HOSPITAL

HAMILTON, ONTARIO

A modern, progressive, 850-bed hospital, located in the centre of Ontario's Golden Horseshoe, has openings for:

- 1) General Staff Nurses in all clinical areas.
- 2) Registered Nursing Assistants in all clinical areas.

For further information write to:

**THE DIRECTOR OF NURSING,
St. Joseph's Hospital,
Hamilton, Ontario.**

REGISTERED NURSES REQUIRED

For the Operating Room and other Services. Good personnel policies. Residence accommodation available — \$30 per month. 'A Friendly Hospital in a Friendly Community'.

For further information, write to:

**Director of Nursing,
McKELLAR GENERAL HOSPITAL,
Fort William, Ontario.**

REGISTERED NURSES

required for

82-bed hospital. Situated in the Niagara Peninsula. Transportation assistance.

*For salary rates and personnel policies,
apply to:*

**DIRECTOR OF NURSING,
Haldimand War Memorial Hospital,
Dunnville, Ontario.**

COUNTY OF RENFREW HEALTH UNIT

This new Health Unit begins July 1st, 1964.

Applications will be received for:

PUBLIC HEALTH NURSES

*Please state qualifications, experience,
salary expected and date available:*

**E. M. FRASER,
COUNTY CLERK-TREASURER,
County Administration Building,
Pembroke, Ontario.**

NURSING SCHOOL INSTRUCTOR

A qualified Instructor is required on September 1st at

**THE CHARLOTTE COUNTY HOSPITAL,
St. Stephen, New Brunswick.**

Please address enquiries to:

**Director of Nursing,
THE CHARLOTTE COUNTY HOSPITAL,
St. Stephen, New Brunswick.**

THE GRENFELL MISSION

Has excellent opportunities for interesting and challenging work in northern Newfoundland and the Labrador coast.

For details, please write:

**Miss Dorothy A. Plant, Secretary,
GRENFELL LABRADOR MEDICAL
MISSION,
Room 701A, 88 Metcalfe Street,
Ottawa 4, Ontario.**

HEAD NURSE

For Operating Room. Doing General Surgery in small Community Hospital in Northern Ontario.

Salary consideration for past basic experience and qualifications.

Apply to:

**Director of Nursing,
LADY MINTO HOSPITAL,
Chapleau, Ontario.**

CHILDREN'S HOSPITAL OF WASHINGTON, D.C.

OFFERS

Registered Nurses a 16-wk. supplementary program in pediatric nursing. Classes are admitted January, May and September.

For complete information write to:

**DIRECTOR OF NURSING,
2125-13th Street, N.W.,
Washington, 9, D.C.**

INSTRUCTORS

for
CONCURRENT TEACHING
in
CLASSROOM and CLINICAL AREAS
of
MEDICINE, SURGERY and OBSTETRICS

For further information apply to:

**Director, School of Nursing,
ST. JOSEPH'S HOSPITAL,
Peterborough, Ontario.**

REGISTERED NURSES HOSPITAL FOR CHILDREN

Salary according to qualifications and experience. Differential for evening and night duty 40 hour week. Statutory holidays Pension plan. Sickness insurance.

Apply to:

**THE DIRECTOR OF NURSING,
Hôpital Marie Enfant,
5200 Bélanger Street E.,
Montreal 36, Tel. 727-2844**

THE ROSS MEMORIAL HOSPITAL

requires

GENERAL DUTY NURSES

Positions are now available on our Medical, Surgical, Obstetrical and Pediatric Services. All inquiries are welcome. The hospital offers excellent personnel benefits along with an active in-service education and an organized orientation program.

For complete details please direct your reply to:

**PERSONNEL DIRECTOR,
The Ross Memorial Hospital,
Lindsay, Ontario.**

MONTREAL NEUROLOGICAL HOSPITAL

McGILL UNIVERSITY

Graduate Course in

- 1) Neurological and Neurosurgical Nursing
- 2) Operating Room Technique

CLASSES: Mar. 1 and Sept. 1

Students may live in or out

POSITIONS AVAILABLE

General Staff Nurses
(including operating room)

For further information apply:

**DIRECTOR OF NURSING
3801 UNIVERSITY STREET
MONTREAL 2, QUE.**

TORONTO BRANCH

VICTORIAN ORDER OF NURSES

invites applications for positions of
PUBLIC HEALTH NURSES

This branch offers experience in a diversified program including bedside nursing, individual teaching, child health centre activities, participation in experimental programs, student program, inservice education.

For details apply:

**DIRECTOR,
Victorian Order of Nurses,
(Toronto Branch),
281 Sherbourne Street, Toronto 2.**

REGISTERED NURSE

for

110-bed "HOME FOR THE AGED" with 50-bed bed-care wing. Located on Grand River, Niagara Peninsula within 1 hour's travel to Hamilton, Niagara Falls and Buffalo, N.Y. Modern staff quarters optional.

For full particulars apply:

**SUPERINTENDENT,
stating qualifications, experience and
remuneration:
GRANDVIEW LODGE,
Dunnville, Ontario.**

EDUCATIONAL OPPORTUNITIES

DALHOUSIE UNIVERSITY School of Nursing

Degree Course in Basic Professional Nursing

Candidates for the degree of Bachelor of Nursing are required to complete 2 years of university work before entering the clinical field, and one year of university work following the basic clinical period of 30 months. On completion of the course the student receives the **Degree** of Bachelor of Nursing and the **Professional Diploma** in either Teaching in Schools of Nursing or Public Health Nursing.

Degree Course for Graduate Nurses

Graduate nurses who wish to obtain the degree of Bachelor of Nursing are required to complete the three years of university work.

Diploma Courses for Graduate Nurses

- (a) Public Health Nursing
- (b) Teaching in Schools of Nursing
- (c) Nursing Service Administration

For further information apply to:

**DIRECTOR, SCHOOL OF NURSING,
DALHOUSIE UNIVERSITY, HALIFAX, N.S.**

NOVA SCOTIA SANATORIUM

KENTVILLE, N.S.

Offers to Graduate Nurses a Three-Month Course in *Tuberculosis Nursing*, including Immunology, Prevention, Medical and Surgical Treatment.

1. Full series of lectures by Medical and Surgical staff.
2. Demonstrations and Clinics.
3. Full maintenance, salary and all staff privileges.

For information apply to:

**DIRECTOR OF NURSING,
NOVA SCOTIA SANATORIUM,
Kentville, N.S.**

ST. JOSEPH'S HOSPITAL

TORONTO, ONTARIO

Offers a 6 month Postgraduate Course in Operating Room Management and Technique.

Classes March and September

Reasonable monthly stipend

*For information and details of the Course,
apply to:*

**DIRECTOR OF NURSING
SERVICE,
St. Joseph's Hospital,
30 The Queensway,
Toronto 3, Ontario.**

UNIVERSITY OF BRITISH COLUMBIA

School of Nursing

DEGREE COURSE IN BASIC
NURSING

DEGREE COURSE FOR
GRADUATE NURSES

Both of these courses lead to the
B.S.N. degree. Graduates are pre-
pared for public health as well as
hospital nursing positions.

DIPLOMA COURSES FOR
GRADUATE NURSES

1. Public Health Nursing.
2. Administration of Hospital
Nursing Units.

For information write to:

**The Director,
SCHOOL OF NURSING,
UNIVERSITY OF B.C.,
VANCOUVER 8, B.C.**

THE WINNIPEG GENERAL HOSPITAL

Offers the following opportunity for ad-
vanced preparation to qualified Registered
Graduate Nurses:

A SIX MONTH CLINICAL COURSE

in

**Operating Room
Principles and Advanced
Practice**

The course commences in September of
each year. Maintenance is provided, and
a reasonable stipend is given each month.
Enrolment is limited to a maximum of
ten students.

For further information please write to:

**THE DIRECTOR OF NURSING
700 William Ave., Winnipeg 3**

ROYAL VICTORIA HOSPITAL

SCHOOL OF NURSING

MONTREAL, QUEBEC

Postgraduate Courses

1. (a) Six month clinical course in Obs-
tetrical Nursing.

Classes—September and February.

- (b) Two month clinical course in Gyne-
cological Nursing.

Classes following the six month
course in Obstetrical Nursing.

- (c) Eight week course in Care of the
Premature Infant.

2. Six month course in Operating Room
Technique.

Classes—September and March.

3. Six month course in Theory and Prac-
tice in Psychiatric Nursing.

Classes—September and March.

*For information and details of the
courses, apply to:*

**Director of Nursing
Royal Victoria Hospital
Montreal, P.Q.**

V-I VADEMECUM INTERNATIONAL V-I

Pharmaceutical Specialties and Biologicals

During the past years we have received many orders from Registered Nurses for VADEMECUM INTERNATIONAL. We have not been able to fill some of these orders due to the limited number of books available. If you would like a copy of the 1965 edition, please order it immediately to enable us to order an adequate supply from our printer to insure delivery of your copy.

J. Morgan Jones Publications, Ltd.,
P.O. Box 667,
Islamorada, Florida, U.S.A.

V-I 1965

Enclosed you will find my check or postal money order at the special R.N. rate of \$3.00. Please send to me the 1965 ☐ English or ☐ French (check language choice) edition of VADEMECUM INTERNATIONAL as soon as printed.

NAME

ADDRESS

CITY

PROV.

MONTREAL CHILDREN'S HOSPITAL

Offers a 6 month postgraduate course in Nursing of Children

ENTRANCE DATES SEPTEMBER AND MARCH

This course is designed for **Registered Nurses** with a minimum of 1 year's experience in Pediatric Nursing.

Apply to:

**DIRECTOR OF NURSING,
Montreal Children's Hospital,
2300 Tupper Street, Montreal 25, Quebec.**

CLINICAL COURSE IN PSYCHIATRIC NURSING

offered by

THE MENTAL HEALTH SERVICES, BRITISH COLUMBIA

to

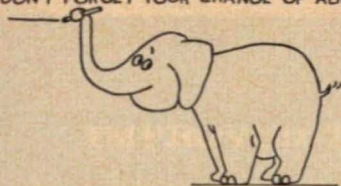
NURSES ELIGIBLE FOR B.C. REGISTRATION

- Admission: February and October (each class is limited to 10 students)
- Reasonable monthly stipend
- Six month program of instruction and practice
- Room and Meals at nominal rates

For further information please write to:

**ASSOCIATE DIRECTOR, DEPARTMENT OF NURSING EDUCATION,
ESSONDALE, B.C.**

DON'T FORGET YOUR CHANGE OF ADDRESS...



REGISTRATION No.

PROVINCE

NAME

(Maiden name, if recently married)

OLD ADDRESS

NEW ADDRESS

DATE EFFECTIVE

Mail this to:

THE CANADIAN NURSE JOURNAL,

1522 SHERBROOKE STREET WEST, MONTREAL 25, P.Q.

BINDERS FOR 1963 COPIES

are still available -- only \$3.00 each

These hard-covered binders, with twelve nylon-stretch cords to hold your copies, are finished in blue with the Journal's name in gold letters. Especially made to fit The Canadian Nurse, there is a pocket on the inside of the back cover for the index.

Complete the application below and mail it with cheque or money order to:

THE CANADIAN NURSE JOURNAL,

1522 SHERBROOKE STREET WEST, MONTREAL 25, QUEBEC.

NAME

STREET

TOWN OR CITY

PROVINCE

No. OF BINDERS

INDEX TO ADVERTISERS

AUGUST 1964

COMMERCIAL

C.R. Bard Inc.	731	Lakeside Laboratories (Canada) Ltd.	727
Becton, Dickinson & Co. Canada Ltd.	Cover II	Lewis-Howe & Co. (Tums) Ltd.	728
Canadian Tampax Corp. Ltd.	733	J.B. Lippincott Co. of Canada Ltd.	Cover IV
Cash's Names	730	J. Morgan Jones Publications Ltd.	814
The Clinic Shoemaker	721	Parke Davis & Co. Ltd.	736
Davis & Geck	725	Resinol Chemical Co.	728
Dept. of National Defense, Canada's Armed Forces	735	Savage Shoes Ltd.	734
Charles E. Frosst & Co.	732	Sterilon of Canada Ltd.	Cover III
Johnson's Foot Soap	729	Warner-Chilcott	729
June Adams "Club 501"	730		

PROFESSIONAL

Alberta	779	Manitoba	782
Ajax & Pickering General Hospital	797	The Mental Health Services, Escondale	814
Bermuda	786	Montreal Children's Hospital	783, 814
British Columbia	780	Montreal Neurological Hospital	811
The Canadian Red Cross Soc.	803	National Hospital, England	730
Children's Hospital of Washington, D.C.	811	Newfoundland	782
Cook County School of Nursing, Chicago	789	New York Polyclinic Medical School and Hospital	799
Dalhousie University	812	Nova Scotia	782
Dept. of National Health and Welfare, Ottawa	781	Nova Scotia Sanatorium	812
The Dept. of Public Health, Halifax	804	Ontario	782
The Dufferin Area Hospital, Orangeville, Ont.	791	Oshawa General Hospital	802
The Fort Churchill General Hospital	801	The Portage District General Hospital	801
Franklin Hospital, San Francisco	793	Provincial Mental Institute, Edmonton	798
Haile Sellassie I University, Addis Ababa, Ethiopia	798, 804	Quebec	786
Henderson General Hospital, Hamilton	787	Royal Victoria Hospital	813
Humber Memorial Hospital	791	St. Joseph's Hospital, Toronto	812
Hospital for Sick Children, Toronto	785	Saskatchewan	788
Jewish General Hospital	795	Sarnia General Hospital	802
		Toronto General Hospital	799
		U.S.A.	788
		University of British Columbia	813
		Winnipeg General Hospital	795, 813
		York County Hospital, Newmarket, Ontario	797

Classified advertisements are listed alphabetically

★ ★ ★

Advertising Representatives: Vanco Publications, 183 St. Clair Ave., W. Toronto 7, Ont.

Richard P. Wilson, 1 West Lancaster Avenue, Ardmore, Penna.

Address advertising enquiries to:

Advertising Manager, Ruth H. Baumel, The Canadian Nurse Journal

1522 Sherbrooke Street West, Montreal 25, Quebec

Member of Canadian Circulation Audit Board Inc.

MADE IN CANADA

IMPROVED TRANSPARENT ADHESIVE

PEELS WITHOUT EFFORT

You can now remove the backing paper by lifting any corner.



ADHERES WITHOUT SEEPAGE

New Transparent Adhesive seals bag to infant at all contact points until removed.

Sterilon

PEDIATRIC URINE COLLECTORS

No Increase in Price



Transparent, pressure-sensitive adhesive seals bag to infant without seepage. Patented deflector arc permits easy use on female. After collection, PUC-10 style can be self-sealed shut for convenient carrying to lab or pediatrician's office.

Clinically designed to fit both male and female infants without seepage, Sterilon Pediatric Urine Collectors provide an easy, accurate method for specimen collection either to ascertain volume or for laboratory examination.

Available with new transparent adhesive in these styles:

PUC-10 — Clean and ready to use for short period normal collections. (PUC-10-S same but packed sterile.)

PUC-24 — For accurate collection over a 24-hour period. Set includes 4-foot connecting tube with $\frac{3}{16}$ " ID. Clean and ready to use. (PUC-24-S same but packed sterile.)



"Quality is our Cornerstone"

Sterilon

OF CANADA LTD.

1700 LEWIS ROAD, NIAGARA FALLS, ONT.

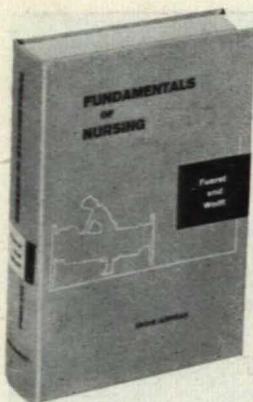
Sterilon Corporation
Buffalo 11, N.Y.

Sterilon Laboratories
Fayette, Alabama

FUNDAMENTALS OF NURSING:

The Humanities and the Sciences in Nursing

By Elinor V. Fuerst, R.N., M.A.; and LuVerne Wolff, R.N., M.A.



The most thorough revision ever of this pace-setting textbook. Written to serve the foundation course for the nursing curriculum, this book is designed to give the student a sound understanding of the principles underlying all nursing action. To enable her to act flexibly and analytically in any given situation, the problem-solving approach is stressed throughout. The goal: safe and individualized patient care through a working knowledge of the sciences and the humanities.

In this new edition the authors have isolated or spotlighted many more principles, and demonstrated their use in practice. Many new procedures have been added and the intriguing Study Situations have been extensively refreshed.

Throughout, the aim of the authors has been to increase the usefulness of this classic textbook by maintaining just the right balance of theory and practice.

639 Text Pages 158 Illustrations New 3rd Edition, 1964 \$6.50

CARE OF THE ADULT PATIENT:

Medical-Surgical Nursing

By Dorothy W. Smith, R.N., Ed.D.; and Claudia D. Gips, R.N., Ed.D.

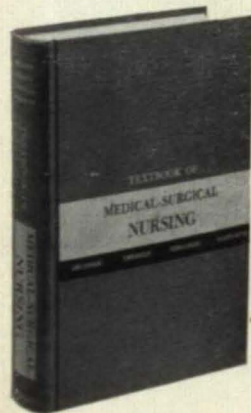
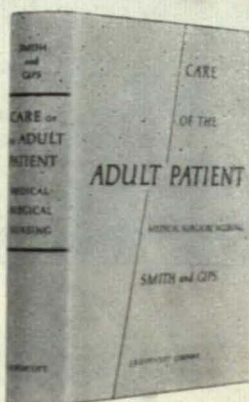
"Both instructors and students will welcome this text's stimulating approach to the care of the adult patient. Its most striking and valuable feature is the authors' use of realistic and interesting case studies in the presentation of their material. . . . Their analysis and interpretation of the case studies are in the areas in which students most frequently have difficulty either in interpreting their actions to the patient or in making a nursing judgment. . . . By using the conversational approach and by means of practical applications, the authors trace the physical and developmental changes of adult life. . . . Whether the traditional or one of the newer approaches to teaching medical-surgical nursing is used, the text will be of value." — *Nursing Outlook*.

1521 Pages

347 Pictures

1963

\$10.80



TEXTBOOK OF MEDICAL-SURGICAL NURSING

By Lillian S. Brunner, R.N., M.S., Charles P. Emerson, Jr., M.D., L. Kraeer Ferguson, M.D., F.A.C.S.; and Doris S. Suddarth, R.N., M.S.N.

RECENT QUOTES FROM SCHOOLS OF NURSING:

"... an excellent text for a combined Medical-Surgical Nursing course... probably the two strongest recommendations are its emphasis on principles and its many excellent illustrations." "... very valuable in assisting students to assess the needs of patients presenting a particular problem and its symptoms." "... a great deal of pertinent information on the altered physiology of the patient is provided... excellent color plates and good graphic descriptions." "Patient Teaching Aids are well thought out." "The pages which summarize principles of nursing management are excellent" ...

1198 Pages 509 Illustrations with 48 in Full Color New, 1964 \$12.00

Lippincott